Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults

Prepare. Plan. Stay Informed.

STATE OF GEORGIA FNSS TOOLKIT

The intent of this document is to assist local officials with tools that will enable them to provide reasonable accommodations for all citizens during disaster incidents.





2013-2014

Table of Contents

Executive Summary	ii
Legal Authority	_ iii
Acronyms	v
Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults	_ vi
Sheltering-Functional Needs Support Services (FNSS) Sub-Committee	viii
Purpose & Scope	_2
Functional Needs Support Services Defined	_ 3
Emergency Preparedness Coalition Overview	_ 5
Steps for Inclusion of People with Disabilities in Emergency Management Programs	. 15
Sheltering in Georgia 101	44
Support Services & Resources for Individuals with Access & Functional Needs	<i>57</i>

Executive Summary

In recent years, inclusive (whole community) planning has become a "hot" topic in emergency management circles around the country. Many in the disability community have felt like their needs and concerns have traditionally been ignored by emergency managers and planners. To address these concerns, emergency management partners have made attempts to reach out to the disability community. Functional Needs Support Services (FNSS) Planning, with an emphasis on emergency sheltering has been at the heart of these efforts and discussions within the State of Georgia. According to the 2010 Census, approximately 1.2 million (12%) Georgians are classified as having some type of disability (hearing, visual, cognitive, ambulatory, self-care, independent living). These numbers are a good indication of why it is important to consider the needs of the "whole community" while planning for emergencies and disasters. Fortunately, state agency partners within Georgia have been working to address these concerns since 2006 when they came together to form the State Americans with Disabilities Act (ADA) Working Group. At that time, key emergency management stakeholders as well as disability service providers began developing tools for locals to aid with inclusive emergency coordination during disaster incidents. Throughout the years, this partnership has grown and proved to be a great asset to overall statewide preparedness. In 2010, the Working Group evolved to become the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults (Coalition) and following FEMA's lead, the group focused its shelter committee efforts on FNSS. Toolkit has been developed by the Shelter-FNSS Sub-Committee of the Coalition and provides resources and information for FNSS Planning, with a specific emphasis on **FNSS shelter planning**. The intent of this document is to assist local officials with tools that will enable them to provide reasonable accommodations for all citizens during disaster incidents. Working to address these issues at each level of government will help to improve overall efficiency, maximize resources, ensure equal access for all Georgians and ultimately enhance statewide emergency preparedness.

Legal Authority

The Stafford Act and the Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters.

The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA), regulations and agency guidance, as well as State counterparts, define the scope of FNSS.

Legal References

ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008. Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 C.F.R. pt. 35. Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 C.F.R. pt. 36. The Americans with Disabilities Act Title II Technical Assistance Manual (1993) and Supplement (1994).

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 794, as amended. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Federal Emergency Management Agency, 44 C.F.R. pt. 16. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39. Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 C.F.R. pt. 84 (Department of Health and Human Services). Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. pt. 104 (Department of Education). Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development, 24 C.F.R. pt. 8.

Title VIII of the Civil Rights Act of 1968 ("Fair Housing Act"), as amended, 42 U.S.C. §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 C.F.R. pt. 100.

The Architectural Barriers Act of 1968, as amended, 42 U.S.C. §§ 4151-4157. Construction and Alteration of Public Buildings, 41 C.F.R. pt. 101-19.

The Homeland Security Act of 2002, 6 U.S.C. §§ 101-557, as amended.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, as amended. Federal Disaster Assistance, 44 C.F.R. pt. 206.

The Post-Katrina Emergency Management Reform Act, 6 U.S.C. § 761(d), as amended.

Emergency managers and shelter planners are encouraged to investigate their applicable state laws and regulations.

Federal Laws Prohibiting Discrimination in Emergency Programs on the Basis of Disability

Americans with Disabilities Act of 1990

Stafford Act of 1988

Rehabilitation Act of 1973

Fair Housing Act Amendments of 1988

Architectural Barriers Act of 1968

Individuals with Disabilities Education Act (EHA) of 1975

Telecommunications Act of 1996

Each provides affirmative obligations and prohibitions of discrimination on the basis of disability.

No State or local government, or its contractors, in providing services may, by law, policy, or contract, provide services below these standards without violating federal law.



Acronyms

ADA Americans with Disabilities Act

ARC American Red Cross

ASL American Sign Language

CART Computer Assisted Real Time Translations

CDC Centers for Disease Control

CERT Community Emergency Response Teams

CMS Consumable Medical Supplies

CPG Comprehensive Preparedness Guide

DAS (Georgia) Division of Aging Services

DHS (Georgia) Department of Human Services

DPH (Georgia) Department of Public Health

DME Durable Medical Equipment

DOJ (U.S.) Department of Justice

ESF Emergency Support Function

FRST Functional Resource Support Teams

FEMA Federal Emergency Management Agency

FNSS Functional Needs Support Services

ICS Incident Command System

IMT Incident Management Team

JIC Joint Information Center

OTC Over-the-Counter Drugs

PAS Personal Assistance Services

RLO Regional Liaison Officer

RN Registered Nurse

SOC State Operations Center

SOP Standard Operating Procedures

VOAD Voluntary Organizations Active in Disasters

Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults

Atlanta Area School for the Deaf: Phone: (404) 296-7101, TTY: (404) 296-6626, Fax: (404) 299-4485, Website: www.aasdweb.com

American Red Cross of Georgia: Phone: 1(866) RC-HELPS (1-866-724-3577) to reach your local chapter, Website: www.redcross.org

Center for Advanced Communications Policy-Georgia Institute of Technology: Phone: (404) 385-4614, Fax: (404) 385-0269, Website: www.cacp.gatech.edu/

Department of Human Services-Division of Aging Services: Phone: 1(866) 55-AGING (552-4464), Fax: (404) 657-5285, Website: http://aging.dhr.georgia.gov

Department of Human Services-Office of Facilities and Support Services: Phone: 404-651-6316, Website: http://dhs.georgia.gov/office-facilities-support-services

DeKalb County Emergency Management Agency: Phone: 770-270-0413, Website: http://web.co.dekalb.ga.us/DK Police/pol-dema.html

Federal Emergency Management Agency: Phone: 770.220.5200, Fax: 770.220.5230, Website: www.fema.gov

Friends of Disabled Adults and Children: Phone: (770) 491-9014, Toll free: 1-866-977-1204, Fax: (770) 491-0026, Website: www.fodac.org

GACHI- Serving the Deaf and Hard of Hearing: Video Phone: 404-492-8472, Voice/TTY: (404) 292-5312, Voice/TTY Toll Free: (800) 541-0710, Fax: (404) 299-3642, Website: www.gachi.org

Georgia Advocacy Office: Phone: (404) 885-1234 or Voice or TDD: 1(800) 537-2329, Fax: (404) 378-0031, Website: www.thegao.org

Georgia Association of the Deaf: Website: www.gadeaf.org

Georgia Department of Behavioral Health and Developmental Disabilities: Phone: (404) 657-2258, Fax: (404) 657-1137, Website: www.dbhdd.georgia.govGeorgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults (*cont.*)

Georgia Department of Public Health, Division of Health Prevention, Emergency Preparedness and Response: Phone: (404) 657-2700, Fax: (404) 463-5395, Website: www.health.state.ga.us

Georgia Emergency Management Agency: Phone: (404) 635-7000 or 1(800) TRY-GEMA (in Georgia only), Fax: (404) 635-7005, Website: www.ready.ga.gov

Georgia Radio Reading Service: Phone: (404) 685-2820, Toll Free (800) 672-6173, Fax: (404) 685-2821, Website: www.garrs.net

Gwinnett County Emergency Preparedness Coalition: Phone: 770-995-3339, Fax 770-995-1832,

<u>www.gwinnettcoalition.org</u>, <u>www.gwinnetthelpline.org</u>, <u>getreadygwinnett@gmail.com</u>

Gwinnett, Newton, Rockdale County Health Departments: Phone: (770) 339.4260, Fax: (770) 339.2334, Website: www.gnrhealth.com

Southeast ADA Center: Toll Free Phone (Voice/TTY): (800) 949-4232, Phone (Voice/TTY) (404) 541-9001, Fax: (404) 541-9002, Website: www.adasoutheast.org

Tools For Life-The Alternative Media Access Network, Georgia Institute of Technology Enterprise Innovation Institute: Phone: (404) 894-0541, Toll Free: (800) 497-8665, Fax: (404) 894-8323

Georgia State Finance and Investment Commission-State ADA Coordinator's Office: Phone: (404) 657-7313, TTY: (404) 657-9993, Fax: (404) 463-5650, Website: www.ada.georgia.gov

Sheltering-Functional Needs Support Services (FNSS) Sub-Committee

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Southeast ADA Center	Mary Morder, Help Desk Specialist		
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	www.sedbtac.org		
GACHI-Serving the Deaf & Hard of Hearing	Roger Robb, Advocate Specialist		
	rrobb@gachi.org		
	404-492-8472 (video phone)		
	www.gachi.org		
Friends of Disabled Adults and Children	Ruth Rust, Disaster Assistance Coordinator		
	ruthrust@fodac.org		
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A	www.fodac.org		
American Red Cross of Georgia	Marilyn Self, Manager-Disaster Readiness		
	Marilyn.Self@redcross.org		
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	http://www.redcross.org		

State FNSS Planning Efforts & Initiatives

Purpose & Scope

The purpose of this toolkit is to provide an overview of the information, products and services that are available within the State of Georgia to assist local partners and disability community stakeholders with Functional Needs Support Services (FNSS) planning. State Partners have worked together on various initiatives to address FNSS planning needs locally, regionally and at the state level. This toolkit contains four key sections: 1) Information on State Planning Efforts and Initiatives, 2) A "How To" Guide for Including People with Disabilities in Emergency Management Programs, 3) The State of Georgia Shelter Overview and 4)A Statewide Functional Needs Support Services (FNSS) Guide to Resources and Providers.

- 1) Information on State Planning Efforts and Initiatives
 - the FNSS Definition developed by the State Working Group,
 - an overview of the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults,
 - information on statewide disability statistics
- 2) Inclusion of People with Disabilities in Emergency Management Programs
 - Step 1: Complete an emergency planning assessment
 - Step 2: Identify Additional Potential ESF #6 Stakeholders
 - Step 3: Review and Analyze Disability Statistics for Your Community
 - Step 4: Invite People with Disabilities to the Planning Table
 - Step 5: Use Existing Resources to Maximize Your Planning and Preparedness Efforts and Initiatives
 - Step 6: Be Mindful of Special Considerations and Accommodations that May be Necessary to Effectively Include People with Disabilities in your Emergency Management Program
- 3) The State of Georgia Shelter Overview
 - Sheltering in Georgia 101
 - Process for Opening a Shelter
 - American Red Cross Progression of Shelter Alert/Activation
 - Shelter Staffing Recommendations
 - Shelter Placement Guidance
 - American Red Cross Process for Requesting FNSS Resources
- 4) Functional Needs Support Services and Providers Resource Guide
 - Durable Medical Equipment (DME) sources,
 - Consumable Medical Supply (CMS) sources, and
 - Resources for Personal Assistance Services (PAS)

 Other Goods and Services available to accommodate the needs of individuals with access and functional needs.

Functional Needs Support Services Defined

In early 2012, state agencies were getting reports from locals about inconsistent messaging and planning related to FEMA and State FNSS guidance and requirements. To address these concerns, to provide clear and concise messaging and to present a unified approach, ESF #6 and #8 partners formed the State FNSS Working Group. The work group developed a Georgia-specific FNSS definition and presented this definition to local partners in May 2012. Once the definition was established, shelter placement guidance and planning considerations were developed. The official definition, titled: State of Georgia Definitions, Functional and Access Needs and Medical Needs Populations is as follows:

Individuals with access and functional needs include, (but are not limited to) people that have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may have functional needs include older adults, women in late stages of pregnancy and individuals needing bariatric equipment. The general assumption is that most persons with functional needs can function perfectly well in a general population shelter with proper support. An additional assumption is that the person with the access or functional need has the right to self-determination, whenever possible. Self-determination is a practice that asserts that the individual has the right and ability to assess their own needs, receive education about their options and be involved in the decision making process. With the proper supports, individuals with access and functional needs benefit equally from the services provided in general population shelters, and should almost always be housed in those shelters.

Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

Planning for FNSS in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as:

- Ability to access temporary shelter facilities
- Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including Federal, State, tribal, and local benefits and services

- DME, CMS, and/or PAS that assist with activities of daily living and individuals requiring accommodations specific to their condition are also encouraged to take their own supplies to the shelter.
- Access to medications to maintain health, mental health, and function
- Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
- Access to orientation and way-finding for people who are blind or have low vision
- Assistance for individuals with cognitive and intellectual disabilities
- Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities
- Access to an air-conditioned and/or heated environment (e.g. for those who cannot regulate body temperature)
- Refrigeration for medications
- Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten).
- Providing food and supplies for service animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste; and, if requested, portable kennels for containment)
- Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability
- Assistance locating, securing, and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual's functional support needs (e.g., accessible housing; housing with adequate space to accommodate DME; or housing located in close proximity to public transportation, medical providers, job or educational facility, and/or retail stores)
- Assistance with activities of daily living such as:
 - *∞eating*

 - ...dressing and undressing
 - otransferring to and from a wheelchair or other mobility aid
 - *∞walking*
 - *∞stabilization*
 - *∞*bathing
 - *∞*toileting
 - •• communicating

Children and adults with and without disabilities who have access or functional needs who require medical services may not be excluded from a general population shelter. Plans should direct that, at a minimum, medical care that can be provided in the home setting (e.g., assistance in wound management, bowel or

bladder management, or the administration of medications or use of medical equipment) is available to each general population shelter.

MEDICAL NEEDS POPULATIONS

Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals.

WHO IS LISTED ON THE MEDICAL NEEDS POPULATION DATABASE

Persons with functional or medical needs who have typically exhausted all other resources (family, neighbors, public transportation, etc.) and still need assistance for evacuation and/or sheltering before, during, and possibly after a disaster or emergency. These individuals typically reside in single homes or multiple family dwellings in the State and are not residents of hospitals, residential health care facilities, or any community-based residences or services that are already subject to emergency planning requirements.

This definition, along with the shelter placement guidance and FNSS Planning Considerations (see Section III and IV) serve as the foundation for FNSS Planning throughout the state.

Emergency Preparedness Coalition Overview

In addition to the State FNSS Working Group, the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults has also played a key role in the development of guidance to assist with planning initiatives for people with disabilities and access and functional needs. Over the years, the Coalition has initiated projects designed to improve emergency preparedness planning for individuals with disabilities and older adults.

The Coalition's purpose is to:

- (1) serve as a comprehensive clearinghouse between local advocacy groups serving individuals with disabilities and older adults and Georgia agencies responsible for emergency preparedness under the Georgia Emergency Operations Plan (GEOP);
- (2) promote and maintain an active dialogue by serving as a conduit between individuals with disabilities and older adults and Georgia agencies responsible for emergency preparedness under the Georgia Emergency Operations Plan; and

(3) provide subject matter expertise to: (a) Emergency response planners to ensure that all emergency plans incorporate the needs of people with disabilities and older adults; and (b) Organizations throughout Georgia that serve and advocate for people with disabilities and older adults enabling them to share disaster preparedness and response information with their constituencies.

Partner agency roles include:

Georgia Emergency Management Agency (GEMA): GEMA is the lead agency in the State of Georgia for coordination of disaster response. GEMA's mission is to protect life and property and to prevent and/or reduce the negative impact of natural and man-made events in Georgia. GEMA provides support through logistics and coordination of volunteer agencies for sheltering in Georgia. In addition, GEMA disseminates public information related to shelter locations and provides preparedness information to the public.

Georgia Department of Human Services (DHS): The Georgia Department of Human Services (DHS) is the lead agency for sheltering in the State of Georgia under the Governor's Executive Order. DHS Coordinates Mass Care, Human Services, Housing and Emergency Assistance response and recovery efforts in the event Georgia is affected by a man-made or natural disaster. DHS coordinates with the American Red Cross to provide shelters throughout the state so citizens will have a safe haven from storms and other dangers that require them to evacuate their homes and communities. DHS provides staffing and logistical support for shelters through the Division of Children and Family Services, the Division of Aging Services and through coordination with the Georgia Emergency Management Agency, partner agencies and volunteer organizations. In addition, DHS coordinates with the Georgia Department of Public Health to address Functional Needs Support Services in shelters.

<u>American Red Cross of Georgia</u> (ARC): The American Red Cross (ARC) is the lead voluntary agency for sheltering in the State of Georgia and works closely with DHS to provide shelters and disaster relief services to citizens forced to leave their homes during a disaster. The ARC provides daily meals and snacks, cots, blankets and comfort kits, limited first aid and health services and mental health counseling. The ARC also provides access to the ARC Safe and Well website (https://safeandwell.communityos.org/cms/index.php) which can assist families in locating relatives from whom they have been separated.

<u>Georgia Department of Public Health</u> (GDPH): The Georgia Department of Public Health (DPH) provides staffing support to DHS and ARC in shelters by providing nurses and/or access to nursing staff as required. DPH also provides staff to shelters to assist with the assessment of individuals with access and functional needs and provides staff with expertise in basic first aid and health services to

supplement ARC health services staff. DPH, in coordination with DHS and local jurisdictions, is responsible for identifying alternate facilities throughout the state to ensure individuals who are not able to reside in general population shelters are cared for during a disaster.

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD): DBHDD provides treatment and support services to people with mental illnesses and addictive diseases and support to people with mental retardation and related developmental disabilities. DBHDD supports DHS, ARC and DPH in shelters by providing staff with expertise in crisis counseling and mental health to assist with assessments of shelter residents and the provision of services to those residents, shelter staff and other responders and their families.

<u>Georgia Department of Agriculture</u> (GDA): The Georgia Department of Agriculture (GDA) provides support to emergency and general shelter operations through provision of food and other necessary items for service dogs. GDA also identifies and coordinates the location of pet friendly shelters near emergency and general shelters to allow evacuees to care for their pets during disasters. In addition, GDA supports DHS and ARC in the provision of food and food services for shelters when requested.

<u>Friends of Disabled Children and Adults</u> (FODAC): FODAC provides home health (mobility and daily living) equipment to people of any age or disability, temporary or permanent, for medically necessary and medically helpful reasons. When called upon, FODAC can provide this equipment to shelters to support the needs of individuals with access and functional needs in shelters.

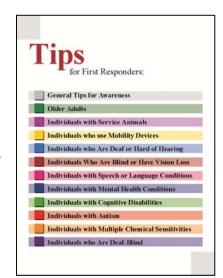
<u>Georgia Advocacy Office</u> (GAO): GAO can provide information and referral, support and services to individuals with disabilities, mental illness and the elderly in shelters if requested.

Georgia Organizations Active in Disasters (GAVOAD): GAVOAD is a group of volunteer organizations that provide various services to individuals, families and local communities during disasters throughout the state. GAVOAD support is coordinated through GEMA by the Volunteer Agency Liaison (VAL) or directly through coordination with DHS. GAVOAD organizations can provide many types of services to shelters and individuals within shelters. Some of these services include, but are not limited to, day care assistance and feeding. GAVOAD can also assist with providing recovery services after a disaster to help individuals regain their independence and return to or as close to their pre-disaster standard of living.

Each of the Coalition Stakeholders have been extremely valuable to the State of Georgia Emergency Management Program. As a result of this partnership, to date, the Coalition has produced-

A. TIPS Guide for First Responders

This quick reference guide (which was reformatted/revised from New Mexico's version) provides specific, practical tips for working with people who have a wide range of disabilities, including people with service animals, mobility challenges, cognitive disabilities or mental illness, the blind or visually impaired, and the deaf or hard of hearing. The information is color-coded for easy access before, during and after a crisis.



B. Establishment of Statewide Disability Network

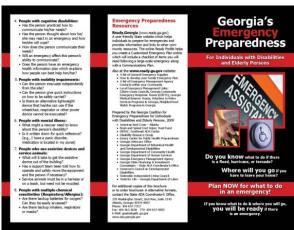
In September 2009, the Coalition drafted a letter to stakeholder organizations across the state on behalf of GEMA. The letter explained that the Coalition was working to identify organizations throughout Georgia that serve and advocate for people with disabilities and older adults for the purpose of (a) enabling those organizations to share Georgia's disaster preparedness and response information with their constituencies; and (b) to ensure that state and local emergency planning incorporates the needs of people with disabilities and access and functional needs. As a result of the letter, the community network consists of 52 stakeholder organizations around the state and continues to grow. Network members receive information, tools and tips



about emergency preparedness and are invited to participate in Coalition-sponsored Train-the-Trainer sessions specifically geared towards assisting their clients and customers with their emergency preparedness plans.

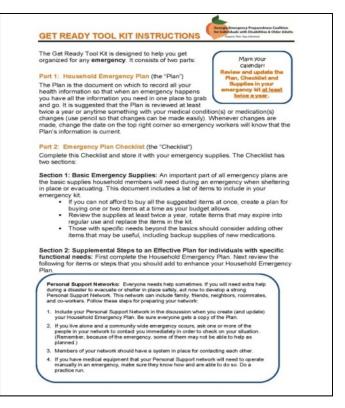
C. Emergency Preparedness Brochure

This brochure was created as a handy reference to help individuals with disabilities and older adults prepare for emergencies. (include updated versions-statewide and local template)



D. Get Ready Tool Kit

This Tool Kit consists of two parts: Part 1: Household Emergency Plan (the "Plan") and Part 2: Emergency Plan Checklist (the "Checklist"). The Plan provides a platform for individuals to record all their health information so that when an emergency happens, all the information needed is in one place to grab and go. The checklist consists of two sections, basic emergency supplies and supplemental steps to an effective plan for individuals with specific functional needs. The first part includes a list of items to include in basic emergency kits and the second part identifies items that could potentially be used to enhance existing household emergency plans for individuals with access and functional needs. The Tool Kit is housed on the ADA Coordinators Website and has been provided to the Community Network for dissemination.



E. Train-The-Trainer Workshop

The Train-The-Trainer was developed in 2012 in conjunction with the Get Ready Tool Kit to provide a resource for assisting disability service providers, family

members and advocates serving individuals with disabilities and older adults with their emergency preparedness planning. The target audiences for the Train-the-Trainer are executive directors, board members, advocates, trainers, staff and volunteers for: Coalition network members, Medical Reserve Corps, Aging Services staff and DBHDD Providers. The Training and Technical Guidance Committee began offering the Train-the-Trainer Class along with the Disability Resource Group in separate



locations around the State to allow participants to have multiple opportunities to take the course in late 2012. The course is FREE of charge and participants will receive a Certificate for their participation.

F. NOAA Weather Radio Special Needs Flyer

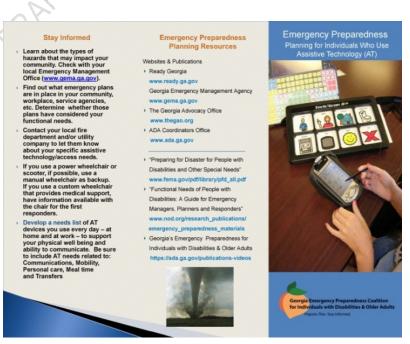
The Special Needs NOAA Weather Radio Flyer was created to inform individuals within the disability community about the availability of the NOAA Weather Radio accessories. Some of the accessories include: strobe lights, pillow vibrators, bed shakers and special text features that are designed to notify individuals who are blind, deaf or hard-of-hearing of severe weather alerts and warnings. These accessories will enable individuals with access and



functional needs to make informed decisions about their personal preparedness. This information flyer is housed on the ADA Coordinators and the Ready Georgia website.

G. Planning for Individuals who Use Assistive Technology (AT)

Individuals who use Assistive Technology (AT) have unique emergency planning and response needs. This brochure was created to provide information about Assistive Technology options and resources within the State of Georgia. The brochure is intended for use by disability service providers as well as individuals with access and functional needs to assist them in better preparing for disaster or emergency situations. This brochure will be housed on the ADA Coordinators Website and will be provided to the Community Network for dissemination.



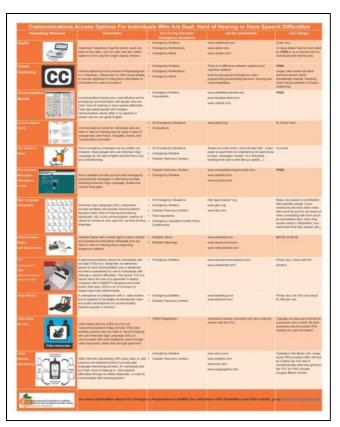
H. Emergency Preparedness Fact Sheets

The Coalition initially began creating Information Fact Sheets in response to the need to share information with the disability community about the Pandemic Influenza scare of 2008. Since then, the development of the Fact Sheets has evolved to focus on specific types of emergency and disaster situations that may impact Georgians. The Training and Technical Guidance Committee has created several preparedness fact sheets on topics such as: General Preparedness, Earthquakes, Tornadoes, Hurricanes, Extreme Heat and Winter Weather Advisories. The Fact Sheets are disseminated and posted monthly to coincide with existing preparedness observances and disaster incidents and events. The Fact Sheets are housed on the ADA Coordinators Website and are provided to the Coalition and the Community Network for dissemination.

I. Communications Access Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties Quick Reference Guide

This Guide was created to provide insight to emergency managers, emergency planners, shelter supervisors, the local public safety community, disability service providers and individuals with disabilities about the various options available to provide accessible emergency information to individuals who are deaf, hard of hearing or have speech difficulties during emergency/disaster situations. The guide has been developed in a poster format and lists out multiple communication options, including: CapTel, Closed Captioning, Communication Boards, Pen/Pencil/Paper, Pre-recorded





Messages/Information in ASL, Sign Language Interpreters, NOAA Weather Radios with Accessories, TTY/TDD, Video Phone, Video Relay Service and Video Remote Interpreting. The Guide is housed on the ADA Coordinators Website and will be provided to the Coalition and the Community Network for dissemination.

J. Coalition Information Fact Sheet

This Fact Sheet was created to provide emergency managers, disability service providers and public health officials information about the resources available through the Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults. The Fact Sheet is a one-page document that briefly summarizes the mission of the Coalition, lists out the member agencies, list out the different sub-committees and gives a brief explanation of the planning initiatives for the existing year. The Fact Sheet is housed on the ADA Coordinators Website and will be provided to the Coalition, GEMA, the Department of Public Health and the Community Network for dissemination.



Besides existing initiatives, the Coalition is also in the process of working on some additional projects that are designed to assist with FNSS Planning.

K. **NEW**- Emergency Preparedness VLOG

In December of 2012, the Coalition Community Outreach Committee began work on an Emergency Preparedness VLOG. VLOG's are Blogs for individuals who are deaf or hard of hearing; a video blog or video log, sometimes shortened to vlog is a form of blog for which the medium is video and is a form of web television. Entries often combine embedded video or a video link with supporting text and images. This project is intended to expand the way in which deaf and hard of hearing individuals learn how to plan for emergencies within Georgia. The VLOGS will help the Coalition to reach more deaf and hard of hearing individuals by providing access to information in three ways: American Sign Language (ASL), Closed Captioning and voice which will make it accessible not only to the deaf and hard of hearing community, but also to the personal support networks of these individuals: friends, caregivers and family members.

L. **NEW**-Functional Resource Support Teams (FRST)

In 2012, GEMA recommended that the Coalition assemble a committee to develop a Functional Assessment Service Teams (FAST) Concept for the State of Georgia. FAST is a concept that originated in California designed to assist individuals with

functional needs and to augment existing American Red Cross services offered in shelters across the State of Georgia. The committee met and the concept came to be known as the Functional Resource Support Team (FRST) Concept. The purpose of the FRST Program is to provide staff to conduct functional assessments in shelters and to access resources to accommodate the needs of the People with Access and Functional Needs (PAFN). Upon request, the FRST will deploy to shelters and assess the functional needs of the shelter residents. Teams will complete a more in depth assessment of these needs, and work with appropriate local, regional, state and federal partners to provide appropriate resources and services to ensure continued independence for the PAFN while residing in the shelter. The committee is currently working on an outline to further develop the concept. The next step is to develop training modules, market the program, train volunteers and exercise team.

All resources can be found within the Appendix of this document and on the State ADA Coordinators website (http://ada.georgia.gov/emergency-preparedness).



How to Include People with Disabilities In Emergency Management Programs

Steps for Inclusion of People with Disabilities in Emergency Management Programs

One of the first questions most emergency managers and planners ask is: "Where do we start?" This is a good question and while the answer to this question could be as varied as the community being planned for, this section includes some tips and strategies for beginning FNSS Planning. Regardless of the starting point, the most beneficial mindset for inclusive planning is the "Whole Community Approach." This means:

- Understanding and meeting the true needs of the entire affected community.
- Engaging all aspects of the community (public, private, and civic) in both defining those needs and devising ways to meet them.
- Strengthening the assets, institutions, and social processes that work well in communities on a daily basis to improve resilience and emergency management outcomes.

This section includes six steps for FNSS Planning that are indicative of the "whole community approach": **Step 1**: Complete an Emergency Management Planning Assessment, **Step 2**: Identify Potential ESF #6 Stakeholders, **Step 3**: Review and Analyze disability statistics for your Community, **Step 4**: Invite People with Disabilities to the Planning Table, **Step 5**: Use Existing Resources to Maximize Your Planning and Preparedness Efforts and Initiatives and **Step 6**: Be Mindful of Special Considerations and Accommodations that May Be Necessary to Effectively Include People with Disabilities in Your Emergency Management Program. It is important to note that while much of this section focuses on shelter planning for people with functional needs, the concepts can be applied to each phase of the emergency management cycle (preparedness, planning, response, recovery, mitigation).

<u>Step 1</u>: Complete an Emergency Management Planning Assessment

The Americans with Disabilities Act (ADA) requires shelters to afford equal access to all shelter services including (but not limited to) safety, food, services, comfort, information, a place to sleep (until it is safe to return home), and the support and assistance of family, friends, and neighbors.

Assessment

Start with an assessment of your current plans and standard operating procedures, and ask the following questions:

If you have a contract or other arrangement with any third party entities,
(i.e. the American Red Cross, a volunteer agency or other local government)
to provide emergency planning and/or emergency management or response
services, does your contract or other documentation of your arrangement
contain policies and procedures to ensure that the third party entities comply
with ADA requirements?

Ш	Do you have written procedures to ensure that you regularly seek and use
	input from persons with a variety of disabilities and organizations with
	expertise in disability issues in all phases of your emergency planning, such
	as those addressing preparation, notification, evacuation, transportation,
	sheltering, medical and social services, temporary lodging and/or housing,
	clean-up, and remediation?
Ш	Do you seek input and participation from people with disabilities and
	organizations with expertise on disability issues when you conduct exercises
	and otherwise test your preparedness?

If the answer to any of the above questions is "No," your emergency management/preparedness planning/program may not be fully accessible to people with disabilities.

Step 2: Identify Potential ESF #6 Stakeholders

Once the initial planning assessment is completed, the next step will be to identify potential stakeholders. Section 2 includes examples of agencies/organizations at the local level that should be included in Emergency Support Function #6 planning for Functional Needs Support Services (FNSS), as well as potential roles and responsibilities for each of the partners. A good place to start for this step is the existing Local Emergency Operations Plan (LEOP). Within the plan, EMA Directors identify partner agency roles and responsibilities for inclusion in the LEOP for each Emergency Support Function.

Some examples of potential partner organizations and agencies are:

- Local Emergency Management Agencies
- Local American Red Cross Chapters
- Local DHS/Division of Family and Children Services
- Local/District Public Health Offices
- Local ADA Coordinator/Office
- Local Area Agencies on Aging
- Georgia Healthcare Coalitions
- Behavioral Health Partners
- Local advocacy groups for Individuals with Disabilities, Access and Functional Needs
- Other non-governmental organizations that provide mass care resources and services (including faith based organizations)
- Civic clubs and organizations
- Local leadership
- Local transportation service providers
- Local law enforcement
- State and Federal partners
- Others as determined by local jurisdiction

Within the State of Georgia, DHS is the lead coordinating agency for ESF #6. The American Red Cross is the lead voluntary agency for sheltering within the state. Knowledge of ESF #6 Roles and Responsibilities are key in overall FNSS Planning Considerations. Planning for FNSS should be incorporated into all phases of the

Emergency Management Cycle and should specifically address general population shelter operations. Following are some examples of **ESF #6 Partner Roles and Responsibilities**.

Human Services/American Red Cross

- ✓ Coordinate the planning for FNSS for all phases of the emergency management cycle and specifically in general shelters.
- ✓ Identify and provide alternate facility options for individuals unable to remain in general shelters.
- ✓ Integrate local advocacy groups and organizations that provide services to individuals with disabilities and functional and access needs into FNSS planning. These groups can assist in identifying the types of disabilities and functional and access needs that are present in the community.
- ✓ Identify local resource providers of FNSS and, if possible, assist with the establishment of MOUs or other agreements to provide FNSS resources to general shelters if needed.
- ✓ Participation on Community Organizations Active in Disasters (COADs), Citizens Corps Councils, Local Emergency Planning Committees (LEPCs), Medical Reserve Corps(http://www.gema.ga.gov/gemaohsv10.nsf/1c3c181c58c9b3f28525771b0 058b098/ac01bd863a436f30852577200052da32?OpenDocument) or Community Coalitions and encourage the development of FNSS sub-committees to ensure "whole community" FNSS planning.

Aging Services

- ✓ Establish relationships with Area Agencies on Aging (AAAs) to pre-identify areas within communities with large groups of older adults that may need transportation or other types of assistance during a disaster.
- ✓ Identify and include representatives from groups and organizations that represent the interests of older adults for FNSS in general shelters.
- ✓ Identify the types of FNSS that may be needed to support older adults within the community.
- ✓ Establish agreements with equipment and service providers based on determined needs.

Behavioral Health and Developmental Disabilities (Mental Health)

- ✓ Identify and include local and/or regional mental health providers to participate in FNSS planning.
- ✓ Provide assistance with identifying local mental health resources specific to the community that may be needed to support FNSS.
- ✓ Establish agreements with providers to offer these resources in general population shelters and as the need arises.

Public Health

- ✓ Identify Alternate Care Facilities that can accommodate individuals determined to have needs that cannot be met in a general population shelter. Alternate Care Facilities should be chosen based on the degree of need for each individual and should be the "least restrictive" option possible depending upon that need.
- ✓ Establish agreements or MOUs with Alternate Care Facilities prior to an event and coordinate with local EMA and ARC to provide transportation for individuals from the general shelter to the Alternate facility.
- ✓ Work with ESF #6 Partners to identify Functional Needs Support Services locally and assist with building the needed relationships to access these resources to support general shelter operations.

Emergency Management

- ✓ Support ESF #6 Coordinator and provide overall coordination of disaster response and recovery.
- ✓ Develop communication plans and procedures to ensure all mass care partners are included in the planning process and have been trained on their roles and responsibilities in accordance with the LEOP.
- ✓ Develop communication plans with mass care agencies/organizations at the state level to support local operations if the need arises.

Step 3: Review Disability Data for Your Community and Region

After the initial planning assessment and identification of potential stakeholders, the next step is to review community data to identify the areas of greatest need. As mentioned earlier in this document, statewide statistics on individuals with disabilities indicate that approximately 12 percent of Georgians are classified as having some type of disability based on the six categories identified through the American Community Survey (ACS). This means that approximately 1.2 million Georgians classified themselves in one or more six disability categories by answering "yes" to the questions below:

- Hearing Disability (asked of all ages): Is this person deaf or does he/she have serious difficulty hearing?
- Visual Disability (asked of all ages): Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
- Cognitive Disability (asked of persons ages 5 or older): Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- Ambulatory Disability (asked of persons ages 5 or older): Does this person have serious difficulty walking or climbing stairs?
- Self-care Disability (asked of persons ages 5 or older): Does this person have difficulty dressing or bathing?

• Independent Living Disability (asked of persons ages 15 or older): Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

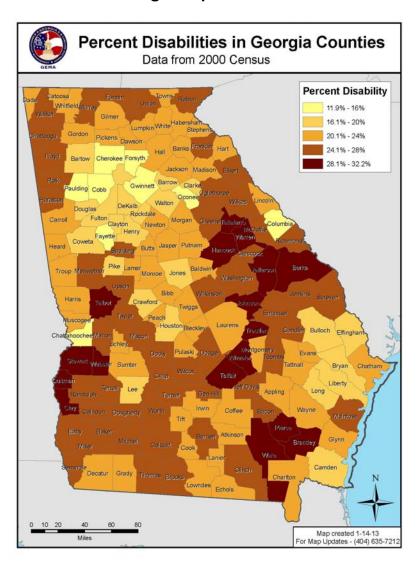
Table 1.0 provides statewide statistics regarding people with disabilities; it gives the percentage of the population within each disability category.

Table 1.0: State of (GEORGIA DISA	BILITY CHARAC	TERISTICS
Subject	Total Population	Estimated Number of People With A Disability	Percentage of Population with A Disability
Total civilian non-institutionalized	9,619,740	1,161,966	12.1%
population			
Population under 5 years	673,981	7,461	1.1%
With a hearing difficulty	(X)	5,752	0.9%
With a vision difficulty	(X)	4,017	0.6%
Population 5 to 17 years	1,810,734	91,189	5.0%
With a hearing difficulty	(X)	12,345	0.7%
With a vision difficulty	(X)	17,098	0.9%
With a cognitive difficulty	(X)	68,189	3.8%
With an ambulatory difficulty	(X)	12,293	0.7%
With a self-care difficulty	(X)	18,373	1.0%
Population 18 to 64 years	6,088,938	663,904	10.9%
With a hearing difficulty	(X)	126,699	2.1%
With a vision difficulty	(X)	134,628	2.2%
With a cognitive difficulty	(X)	269,849	4.4%
With an ambulatory difficulty	(X)	357,964	5.9%
With a self-care difficulty	(X)	127,409	2.1%
With an independent living difficulty	(X)	238,680	3.9%
Population 65 years and over	1,046,087	399,412	38.2%
With a hearing difficulty	(X)	155,171	14.8%
With a vision difficulty	(X)	86,168	8.2%
With a cognitive difficulty	(X)	116,680	11.2%
With an ambulatory difficulty	(X)	269,057	25.7%
With a self-care difficulty	(X)	98,824	9.4%
With an independent living difficulty	(X)	185,860	17.8%
<u>Source</u> : 2010 US Census, American Fact F (http://factfinder2.census.gov/faces/nav/js		sults.xhtml?refresh	<u></u> <u>n=t</u>)

Figure 1.0 geographically depicts percentages of individuals with disabilities by county using Geographic Information System (GIS) mapping tools. Many emergency managers are now using (GIS) mapping to locate concentrations of functional needs populations within their communities. When using mapping resources to identify concentrations of individuals with disabilities and access and functional needs, there are several factors to consider when interpreting and displaying the data: 1) what is your ultimate goal for use of

the data, 2) how can the data be represented in a way that will enable users to better allocate resources and 3) what types of other variable (i.e. hazards) significantly impact local capabilities for providing assistance to people with disabilities and access and functional needs. Essentially, GIS relies on special software and available data to pinpoint areas where individuals with disabilities are likely to live. Should disaster strike, GIS mapping can help emergency responders and disability service providers know which areas may need priority attention or special consideration. The State also offers a Georgia-specific tool for use in identifying people with disabilities within your community along with other significant emergency coordination factors. This tool is the Georgia Online Disaster Awareness Geospatial System (GODAWGs-https://godawgs.gema.ga.gov.); GODAWGS is a web based geospatial visualization tool that allows the State Operations Center (SOC) to display information in relation spatially; creating a Common Operating Picture (COP) that Emergency Responders may use to assist them in drastically improving the situational awareness of response, recovery and coordination to both natural and man-made disasters.

FIGURE 1.0: Percent of Georgia Population with Disabilities by County



It is vitally important to understand the local disability demographics (e.g., large concentrations of citizens with disabilities and senior housing communities). Most people with disabilities live and work independently and are dispersed among the population. To accurately plan, it is important to have a solid understanding of community demographics at any given time. Data on local city and county disability characteristics is limited. For this reason, it is suggested that local emergency managers use this information only as a guideline for predicting access and functional needs within their communities. Users of this guide are encouraged to investigate the needs of their local communities more thoroughly. To obtain local, regional, statewide and national data, local officials should work with local disability service providers and city/county planning departments. In addition, the sources listed below provide more detailed data on disability demographics and statistics:

Cornell University

The disability statistics on this website are estimated by Cornell University using the following data sources: Current Population Survey, Census 2000 and the American Community Survey. For more information please visit www.ilr.cornell.edu/edi/disabilitystatistics or call (607) 255-7727 (Voice) or (607) 255-2891 (TTY).

National Organization on Disability

The National Organization on Disability (N.O.D.), in cooperation with the Harris Poll, provides timely survey research data on the participation of people with disabilities in American life. Their latest survey, the 2004 N.O.D./Harris Survey of Americans with Disabilities covers participation gaps between Americans with and without disabilities in ten major life activities. In addition, www.nod.org offers the disability community, policy-makers, media and others easy access to an assortment of other disability-related surveys and studies. For more information please visit www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=31 or (202) 293-5960 (Voice) or (202) 293-5968 (TTY).

U.S. Census Bureau

The definition of a disability varies and therefore the collection of disability statistics depends on the purpose for which it is being used and the survey collecting the information. The Census Bureau collects disability data from four surveys; however, other agencies also collect disability data. Depending on your needs, one survey may be more suitable than another. For more information please visit www.census.gov/hhes/www/disability/disability.html.

Personal Assistance Service Center

The Center for Personal Assistance Services has compiled state and national data on the prevalence of overall disability and of self-care difficulty, by gender, age, race and ethnicity, type of disability, family income, benefit recipiency, employment status, and living arrangement. These statistics are based on our tabulations of public use data from the Census Bureau's American Community Survey (ACS) for 2009, containing information on over 1 million residents of randomly selected U.S. households. Because it is a household survey, people living in institutions such as nursing homes are not included. For more information, please visit

http://www.pascenter.org/state_based_stats/disability_stats/acs_counties.php?state_e=georgia&title=Populations+with+Disabilities%3A+Counties.

Annual Disability Statistics Compendium

The Annual Disability Statistics Compendium is a publication of statistics on people with disabilities and government programs that serve the population with disabilities and is modeled after the Statistical Abstracts of the United States, Published yearly by the U.S. Department of Commerce. The Compendium is designed to serve as a reference guide to government publications. http://ioddevelopment.unh.edu/docs/default-source/2012-compendium/disabilitycompendium2012.pdf?sfvrsn=2

Step 4: Invite People with Disabilities to the Planning Table

Once emergency coordinators have conducted a planning assessment, identified ESF #6 stakeholders and reviewed local demographics, the next step is to invite representatives of the disability community to planning meetings. There are a variety of ways to incorporate individuals with disabilities into the planning process. When considering who to invite to meetings, it is important to have a good understanding of community demographics. The statistics will be a good starting point for understanding the areas of greatest vulnerability and for identifying the best representatives from the disability community. In addition, planners should keep in mind that having a disability, either by birth, disease, age or accident, is part of the human experience. Take the population of any community and divide by five, the result approximates the number of residents with access and functional needs in that community. Some communities will have a larger or smaller proportion of citizens with disabilities, but few vary markedly from this calculation. Remember, valuable as they are, statistics give emergency coordinators only a superficial impression of the impact of a disability during an emergency. What is more important is the experience of disability, which raises such questions as:

- What is it like to be a person with a disability during and after an emergency?
- Can one hear or understand the warnings?
- Can one quickly exit a home or workplace?
- Can one move about the community after evacuating?
- Are there necessary or even vital daily items (medicines, power supplies, medical devices) that are not likely to be available in emergency shelters?
- Are basic services, like restrooms and showers, available and accessible to people with disabilities?
- Does the person require assistance from a caregiver?

These questions are not always easy to answer. That is why it is imperative to analyze needs and form meaningful partnerships with the disability community.

Emergency managers can draw from community representatives to establish an advisory committee on people with disabilities and unique functional needs. The committee should consist of a cross-section of community residents with disabilities and unique functional needs, as well as, representatives from local emergency

management agencies, service provider organizations, advocacy groups, and local government agencies. An emergency manager has a variety of choices for establishing an advisory committee on emergency preparedness for people with disabilities. Popular options include: a) development of a stand-alone committee, b) development of a sub-committee as part of the local disaster planning group and/or c) development of a committee as a component of the local Citizen Corps Council. Remember, involving and listening to people with disabilities provides the best insights for addressing their needs.

Emergency planners should:

- Work with disability service providers to identify those in the community who might have functional needs ahead of a disaster or emergency. Doing so results in an improved emergency plan, a better determination of resource needs and more informed actions and decisions.
- Customize awareness and preparedness messages and materials for specific groups of people and put them in alternative and accessible formats, thereby increasing the ability of these individuals to plan and survive in the event of an emergency. Such preparedness allows appropriate allocation of critical personnel, equipment, and assets during the response period, and it reduces 911-call volume.
- Educate citizens with disabilities about realistic expectations of service during and after an emergency, even while demonstrating a serious commitment to their functional needs. Such education results in a more cooperative relationship with local authorities and enhances their appreciation of the concerns of people with disabilities. It also leads to improved response by the entire community.
- Learn and gain from the knowledge, experiences, and non-traditional resources the disability community can bring to a partnership effort with emergency professionals. By utilizing and embracing members of the disability community as partners in the planning process, as well as in drills and exercises, emergency personnel often discover creative solutions before they are needed. These solutions may benefit not only the disability community but also the general population. As mentioned earlier, the State has a Coalition designed to address disability-related issues in emergency management and to put together inclusive plans. In addition, there are some good examples of local Coalitions within the state, including: Gwinnett County, Clayton County, Macon-Bibb and Augusta-Richmond County. These committees include emergency management, first responders, disability organizations and advocates, and hospital associations.
- Work with institutional and industry-specific groups that are not typically
 considered emergency service resources but that can offer valuable and
 timely support to emergency professionals. Identifying these groups ahead of
 time will lead to a better prepared service community that is able to take on
 responsibilities during an emergency. It also leads to a unified team able to

- quickly assess and communicate service gaps during an emergency. Examples include: D.M.E. and C.M.S. service providers and independent living centers.
- Use local Community Emergency Response Teams (C.E.R.T.) to engage and train individuals from the disability community. Local jurisdictions are encouraged to actively recruit persons with disabilities to serve on CERT teams in order to meet FNSS requirements in your jurisdictions.

It is important to note that the most effective way to view emergencies through the eyes of people with disabilities is to involve community members with disabilities in the planning and preparation process, including drills and exercises. Individuals with disabilities have differing capabilities, opinions, needs, and circumstances, and no one individual or organization speaks for all people with disabilities.

<u>Step 5</u>: Use existing resources to MAXIMIZE your Planning and Preparedness Efforts and Initiatives

There are a variety of existing resources available to local coordinators and responders seeking to include people with disabilities in emergency management programs. It is not necessary to reinvent the will; emergency managers should seek to tap into existing partnerships to maximize efforts. Many groups already work with government and civic officials to ensure that people with and without disabilities work harmoniously on issues of common concern. Some common categories of representation are: government organizations, non-governmental organizations, associations and institution participants, advocacy groups, local groups serving specific and general disability populations and volunteer organizations.

Government Organizations

Usually, the best place to start in selecting and involving disability representatives is the local ADA Coordinator or the disability agency or task force within the county commissioner or mayor's office. If a public entity has 50 or more employees, it is required to designate at least one responsible employee to coordinate ADA compliance. Typically, officials in these organizations can assist in identifying a cross-section of disability representatives within the community. Following is a breakdown of the various organizations and agencies that represent the interests of individuals with disabilities and access and functional needs. Links to these organizations can be found on the State ADA Coordinator's Website (http://ada.georgia.gov/emergency-preparedness) under Emergency Preparedness.

State of Georgia Agencies

Georgia State Financing & Investment Commission- State ADA Coordinator's Office

- Department of Human Services-Division of Aging Service (DAS)
- Department of Human Services-Office of Facilities and Support Services (OFSS)
- ➤ Georgia Department of Behavioral Health and Developmental Disabilities
- > Georgia Department of Public Health
- Southeast ADA Center
- ➤ Georgia Department of Community Health Refugee
- ➤ Governor's Council on Developmental Disabilities
- Local Americans with Disabilities Act Coordinator for city, county and universities
- ➤ Local Independent School Districts provide services and resources to children with disabilities.

Non-Governmental Organizations

- American Red Cross-Atlanta
- Friends of Disabled Adults & Children (FODAC)

Associations and Institution Participants

- Center for Advanced Communications Policy Georgia Institute of Technology
- ➤ Tools for Life The Alternative Media Access Network Georgia Institute of Technology Enterprise Innovation Institute
- Atlanta Alliance on Developmental Disabilities
- Georgia Association of the Deaf, Inc. (GAD)
- Brain Injury Association of Georgia
- Cystic Fibrosis Foundation Georgia Chapter
- > Epilepsy Foundation of Georgia
- ➤ Georgia Association for Prader-Willi Syndrome
- Institute on Human Development and Disability
- Shepherd Spinal Center
- > Spina Bifida Association of Georgia, Inc.
- > Additional examples of associations and institutional partners are:
 - o Representatives from the home-based care industry, such as the local Visiting Nurse Service and the Home Health Aides Association
 - o Residential healthcare facilities, such as nursing homes, skilled care homes, and assisted living facilities

Advocacy Groups

It is important to include representatives from advocacy groups in the disability community, such as:

- Access Center for Independent Living
- > AID Atlanta, Inc.
- ➤ AIDS Alliance for Faith and Health

- Georgia Advocacy Office (GAO)
- Disability Connections
- Disability Link
- Disability Resource Group
- > Emory Autism Resource Center
- Georgia Advocacy Office
- National Alliance on Mental Illness (NAMI) Georgia
- ➤ National Alliance on Mental Illness (NAMI)
- Statewide Independent Living Council of Georgia, Inc.

Local groups serving specific and general disability populations (e.g., people who are blind, deaf, or have limited mobility or cognitive disabilities)

- > GACHI, Serving the Deaf and Hard of Hearing
- Georgia Radio Reading Service (GaRRS)
- Asperger Syndrome Partners & Individuals Resources, Encouragement & Support (ASPIRES)
- ➤ Atlanta School for the Deaf GA Parent/Infant Network/Education
- Autism Society of America Greater Georgia Chapter
- ➤ Bainbridge Advocacy Individual Network, Inc. (BAIN)
- Center for the Visually Impaired
- ➤ Families of Autism/Asperger's Syndrome Care, Educate, and Support (F.A.C.E.S.)
- FOCUS (Families of Children Under Stress)
- Fragile Kids Foundation
- Georgia ARC Network
- Georgia Mental Health Consumers Network (Consumers of MHDDAD Services)
- ➤ Georgia Parent Support Network
- Georgia Rehabilitation Outreach, Inc.
- Jewish Family and Career Services of Atlanta
- Parent to Parent of Georgia
- Walton Options for Independent Living, Inc.
- ➤ Individuals with disabilities who, though not affiliated with a group, are known to emergency professionals and who are willing to participate in the planning efforts.

It is extremely important to select a range of people in terms of both affiliation and disability. Involving people with all major types of disabilities, including sensory, physical, mental, and cognitive disabilities as well as their caregivers helps to establish the most complete picture possible of the effect of disasters on people with unique functional needs. A broadly based working group will be able to assist emergency management planners in anticipating the true impact of the disaster on the overall community. This leads to a more detailed, comprehensive, and thoughtful response plan for any community.

In addition to identifying potential partners, it is helpful to understand service delivery areas for each agency or organization. *One tool that has proven to be very valuable is the use of service delivery area maps for the various stakeholder and partner agencies.*

Following are some of the potential stakeholder's maps along with <u>regional contact information</u>, broken down by service delivery region or area around the state. What you will note immediately is that each agency or association has different designated regions. When planning, you will need to identify the specific district, chapter or region for your locality.

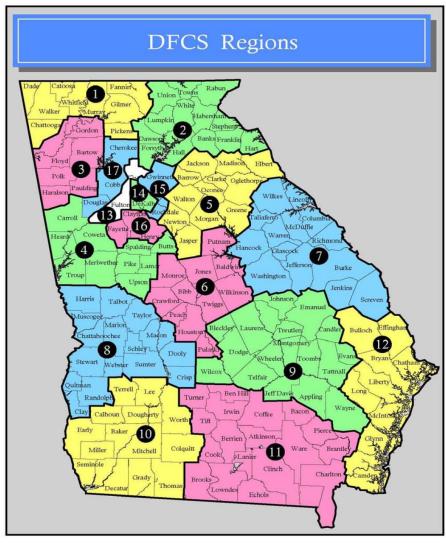
MAPS

Georgia Public Health Districts
Georgia Department of Family and Children Services Regions
American Red Cross of Georgia Chapters
Medical Reserve Corp Units of Georgia
Georgia Department of Behavioral Health and Developmental Disabilities
Regions
GACHI, Serving the Deaf and Hard of Hearing Regional Offices
Area Agencies on Aging Regions
Independent Living Center Regions
Georgia Association of Regional Commissions
GEMA Field Coordinator Areas
Tools For Life Assistive Technology Network
Georgia Food Bank Association



FIGURE 3.0: GEORGIA DEPARTMENT OF FAMILY & CHILDREN SERVICES

(dfcs.dhs.georgia.gov)



Region 10: Sherry Bailey Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Region 12: Vicky Riggins, Int. Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh

Region 14: Glenene Lanier DeKalb

Region 16: Cathy Ratti Clayton, Fayette, Henry Region 11: Vicki Townsend Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tiff, Turner, Ware

Region 13: Glenda McMillan Fulton

Region 15: Susan Boatwright Gwinnett, Rockdale

Region 17: Linda Campo, Acting Cherokee, Cobb, Douglas Region 1: Jeffrey Lukich Catoosa, Chattooga, Dade, Fannin, Gilmer, Murray, Pickens, Walker, Whitfield

Region 2: Marilyn Dixon, Int. Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkins, Rabun, Stephens, Towns, Union, White

Region 3: Ross Collins, Int. Bartow, Floyd, Gordon, Haralson, Paulding, Polk

Region 4: Lon Roberts
Butts, Carroll, Coweta, Heard, Lamar,
Meriwether, Pike, Spalding, Troup,
Upson

Region 5: Mary Havick
Barrow, Clarke, Elbert, Greene,
Jackson, Jasper, Madison, Morgan,
Newton, Oconee, Oglethorpe, Walton

Region 6: Robert Brown
Baldwin, Bibb, Crawford, Houston,
Jones, Monroe, Peach, Pulaski,
Putnam, Twiggs, Wilkinson

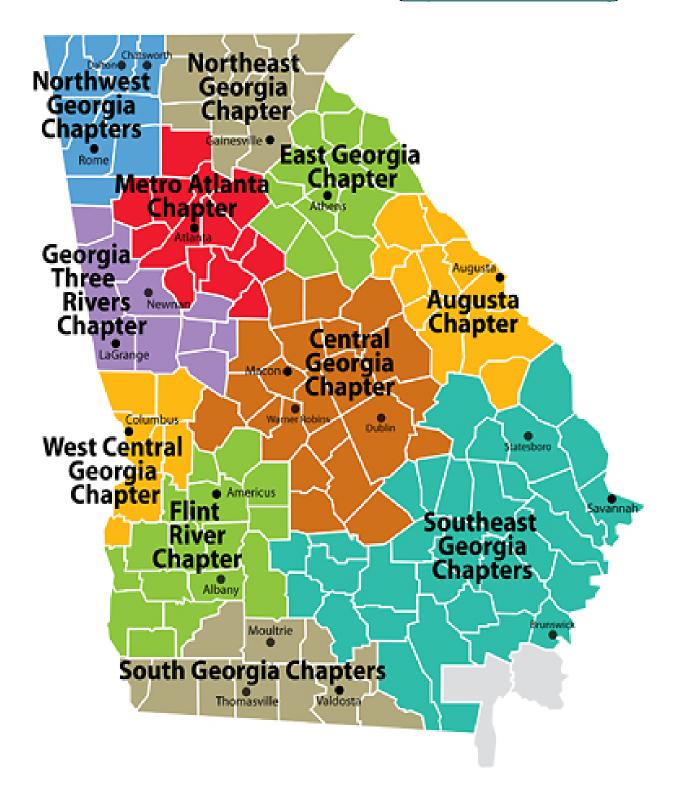
Region 7: Carolyn Christopher Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Region 8: Margaretha Morris Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter. Talbot, Tavlor. Webster

Region 9: Stacy Barfield
Appling, Bleckley, Candler, Dodge,
Emanuel, Evans, Jeff Davies, Johnson,
Laurens, Montgomery, Tattnall,
Telfair, Toombs, Treutlen, Wayne,
Wheeler, Wilcox



FIGURE 4.0: AMERICAN RED CROSS OF GEORGIA (http://www.redcross.org)



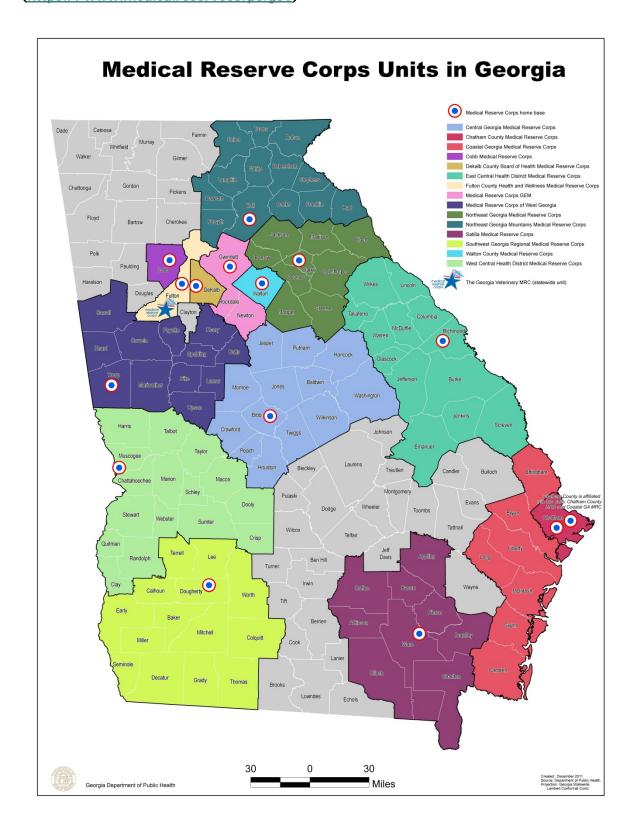


FIGURE 6.0: GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

(www.dbhdd.georgia.gov)

Georgia Department of Behavioral Health & Developmental Disabilities REGIONAL MAP (Effective July 1, 2010)





Department of Behavioral Health and Developmental Disabilities Information Management Unit

Created: June 29, 2010

FIGURE 7.0: GACHI, SERVING THE DEAF & HARD OF HEARING (www.gachi.org)

(Yellow)
Northwest Georgia Office
Physical Address
336 Broad Street
Suite 201
Rome, GA 30161
Voice/TTY:
(706) 622-2438
Advocate VP:
(706) 622-5361
Information & Referral VP:
(866) 747-4734

(Blue)

GACHI Headquarter/TEDP Office 4151 Memorial Dr. Suite 103 B Decatur, GA 30032 Voice/TTY:

(800) 541-0710 (404) 292-5312 Advocate VP: (866) 2508711

Information & Referral VP:

(866) 900-0826

(Green)
Columbus Office
4800 Armour Rd
Bldg C, Suite E
Columbus, GA 31904
Voice/TTY:
(800) 541-0710

(706) 571-9744 **Advocate VP:** (866) 881-4707

(Peach)
Macon Office
4100 Riverside Drive
Unit 99 Macon, GA 31210
Voice/TTY:
(478) 238-6960
Advocate VP:
(866) 831-5693

(Purple)
Augusta Office
107 Shartom Dr
Augusta, GA 30907
Voice/TTY:
(800) 541-0710
(706) 860-1637
FAX:

(706) 860-1638 **Advocate VP:** (706) 971-8859

Information & Referral VP: (706) 664-0768

(White)
Southeast Office
6815 Forest Park Drive,
Unit 123
Savannah, GA 3140
Voice/TTY:
(912) 200-4161
Advocate VP:
(912) 335-5290

Information & Referral VP: (912) 922-2440



FIGURE 9.0: GEORGIA INDEPENDENT LIVING NETWORK

(http://www.silcga.org/)

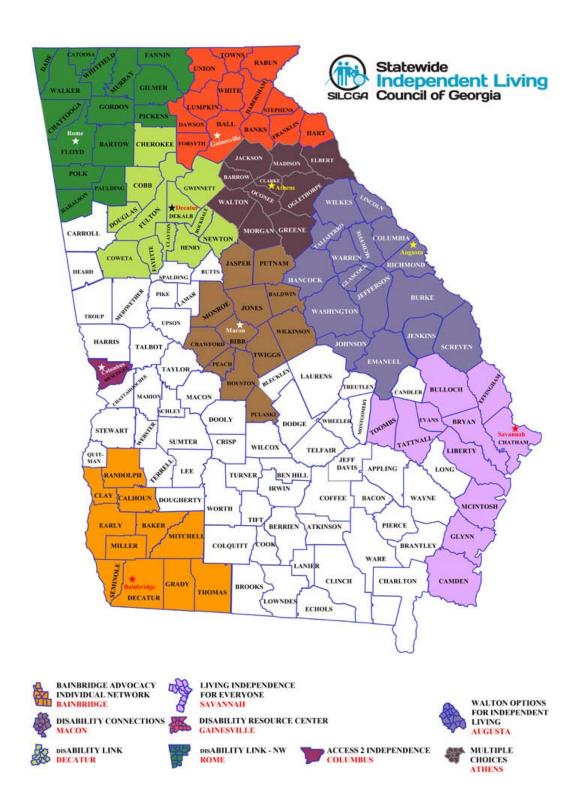


FIGURE 10.0: GEORGIA ASSOCIATION OF REGIONAL COMMISSIONS (http://garc.ga.gov)



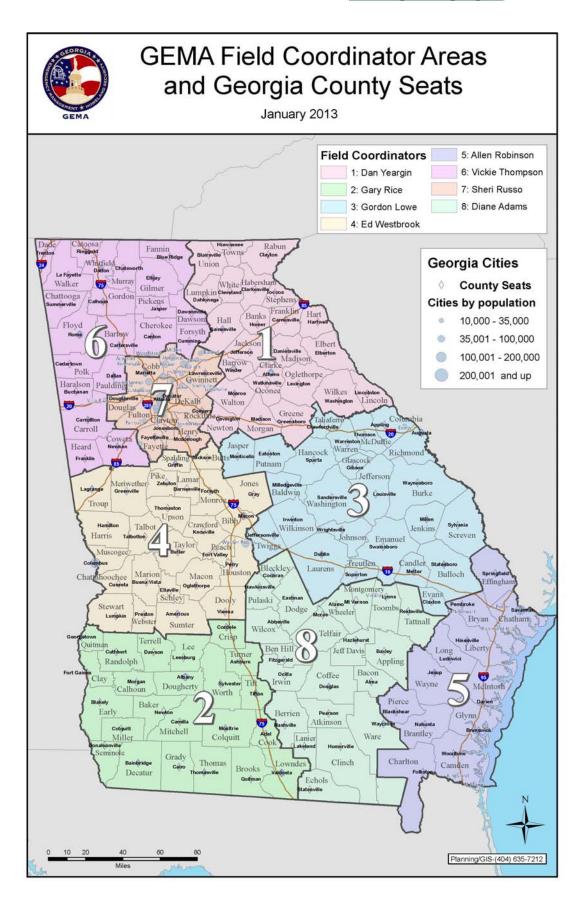


FIGURE 12.0: TOOLS FOR LIFE NETWORK

(http://gatfl.gatech.edu/network.php)

The Tools for Life Assistive Technology Resource Centers (ATRCs) are a community resource to Georgians with disabilities, families, friends, health care professionals, support circles and others who are interested learning about assistive technology devices and equipment.

Each ATRC is a hands-on learning center for assessment, demonstration, education, information and assistance, and training of assistive technology available on the market today. Tools for Life has found that the majority of Georgians with disabilities need the opportunity to try out different devices and tools before purchasing them. Your local ATRC has a lending library which assists to "try before you buy" making sure the device is an appropriate match to the individual.

ATRC Locations

For more information, select your county:

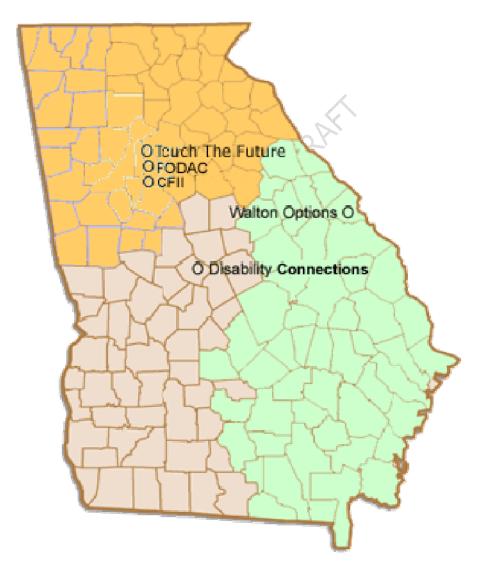
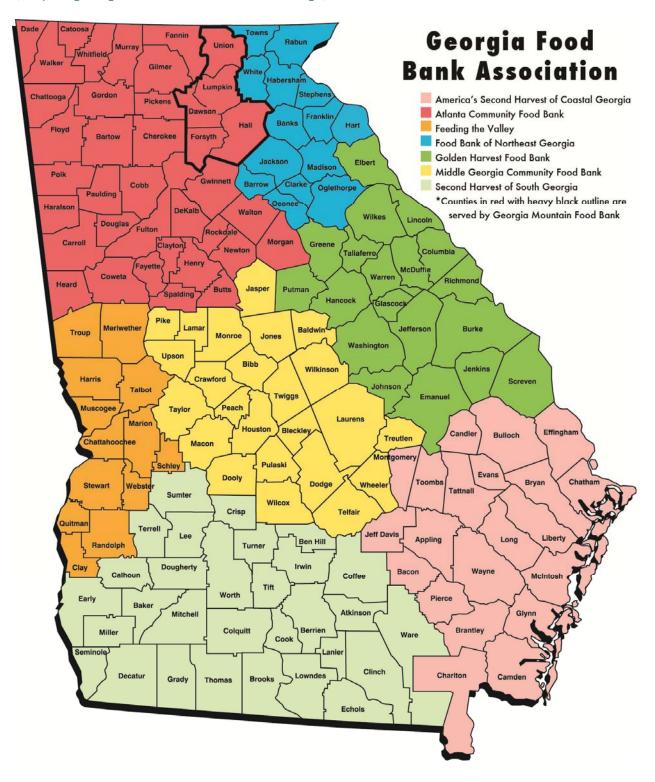


FIGURE 13.0: GEORGIA FOOD BANK ASSOCIATION

(http://georgiafoodbankassociation.org/)



<u>Step 6</u>: Be mindful of Special Considerations and Accommodations that May be Necessary to Effectively Include People with Disabilities in Your Emergency Management Program

Each step mentioned is extremely important for inclusion of people with disabilities in emergency management programs. Completing an emergency planning assessment, identifying ESF #6 Stakeholders, completing a disability data review and analysis, inviting disability representatives to the planning table and maximizing existing resources are all key to successful collaboration. However, Step 6 is equally important and will ensure long lasting successful partnerships with the disability community. It is important to realize that people with disabilities, even more than other demographic segments of the population are not a homogeneous group. Remember, the "disability community" is one that people can "join" at any time. This section outlines some etiquette considerations to keep in mind while working with individuals with different types of access and functional needs and disabilities.

Ask before you help

Just because someone has a disability, don't assume he or she needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. And if the person does want help, ask how before you act.

Be sensitive about physical contact

Some people with disabilities depend on their arms for balance. Grabbing themeven if your intention is to assist-could knock them off balance. Avoid patting a person on the head or touching his or her wheelchair, scooter or cane. People with disabilities consider their equipment part of their personal space.

Think before you speak

Always speak directly to the person with a disability, not to his companion, aide or sign language interpreter. Making small talk with a person who has a disability is simple; just talk to him as you would with anyone else. Respect his privacy. If you ask about his disability, he may feel like you are treating him as a disability, not as a human being. (However, many people with disabilities are comfortable with children's natural curiosity and do not mind if a child asks them questions.)

Don't make assumptions

People with disabilities are the best judge of what they can or cannot do. Don't make decisions for them about participating in any activity. **Depending on the situation, it could be a violation of the ADA to exclude people because of a presumption about their limitations.**

Respond graciously to requests

When people who have a disability ask for an accommodation at the meeting location, it is not a complaint. It shows they feel comfortable enough in your establishment to ask for what they need. If they get a positive response, they will probably be more inclined to tell others about your fairness and consideration in providing equal access to the emergency planning process.

Use People First Language (Language is Important)

Positive language empowers. When writing or speaking about people with disabilities, it is important to put the person first. *Group designations such as "the blind," "the retarded" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities*. Further, words like "normal person" imply that the person with a disability is not normal, whereas "person without a disability" is descriptive but not negative. Table 2.0 shows examples of positive and negative phrases.



Table 2.0: "At a Glance" Guide for Using People First Language				
People First phrases	Negative phrases			
person with an intellectual, cognitive, or developmental disability	retarded; mentally defective			
person who is blind or person who is visually impaired	the blind			
person with a disability	the disabled, handicapped			
person who is deaf	the deaf; deaf and dumb			
person who is hard of hearing	suffers a hearing loss, the deaf			
person who has multiple sclerosis (MS)	afflicted by MS			
person with cerebral palsy (CP)	CP victim			
person with epilepsy, person with seizure disorder	epileptic			
person who uses a wheelchair	confined or restricted to a wheelchair			
person who has muscular dystrophy (MD)	stricken by MD			
person with a physical disability	crippled; lame; deformed			
person without a disability	normal person (implies that the person with a disability is not normal)			
unable to speak, uses synthetic speech	dumb; mute			
person with psychiatric disability or a person with a mental illness	crazy; nuts			
person who is successful, productive	has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability)			



Sheltering in Georgia 101

At the core of the many discussions around emergency management planning for individuals with access and functional needs and disabilities has been how people with functional needs are accommodated in shelter environments. The main question has been "How do you provide equal access to the services provided in a shelter that allows for all residents to maintain the same level of independence at the shelter as they did in their homes?" To answer this question and to effectively plan inclusively, it is important to be aware of how shelter operations work within the State of Georgia. This section will provide an overview of shelter operations within Georgia.

Sheltering in Georgia includes mass care and feeding support for individuals who must evacuate their homes due to a disaster or incident. Shelters must meet the nationally accepted standards of the American Red Cross and will ideally, remain open no longer than 30 days, at which time other arrangements will be made for temporary housing in coordination with local, regional, state and federal agencies.

While in a shelter, individuals can expect basic accommodations short term. These may include snacks, beverages, a cot, blanket and possibly one meal. If the need for longer term sheltering is identified, additional resources and services will be provided. These may include cots, blankets, meals, showers, assistance with functional needs, and other services to help individuals return to or as close to their pre-disaster standard of living.

Process for Opening a Shelter

There is a process for opening shelters on the local level and each ESF #6 Partner Agency plays a valuable role in opening shelters and ensuring that individuals with disabilities and access and functional needs are reasonably accommodated during their stay:

Georgia Emergency Management Agency/ Local EMA is the lead agency in the State for coordination of disaster response. GEMA's mission is to protect life and property and to prevent and/or reduce the negative impact of natural and man-made events in Georgia. GEMA provides support to shelters through logistics and coordination of volunteer agencies for sheltering in Georgia. In addition, GEMA disseminates public information related to shelter locations and provides preparedness information to the public.

Georgia Department of Human Services (DHS): The Georgia Department of Human Services (DHS) is the lead agency for sheltering in the State of Georgia under the Governor's Executive Order. DHS Coordinates with the American Red Cross to provide shelters throughout the state so citizens will have a safe haven from storms and other dangers that require them to evacuate their homes and communities. DHS provides staffing and logistical support for shelters through the Division of Children and Family Services, the Division of Aging Services and through

coordination with the Georgia Emergency Management Agency, partner agencies and volunteer organizations.

American Red Cross (ARC): The American Red Cross (ARC) is the lead voluntary agency for sheltering in the State of Georgia and works closely with DHS to provide shelters and disaster relief services to citizens forced to leave their homes during a disaster. The ARC provides daily meals and snacks, cots, blankets and comfort kits, limited first aid and health services and mental health counseling. The ARC also provides access to the ARC Safe and Well website which can assist families in locating relatives from whom they have been separated.

Georgia Department of Public Health (GDPH): The Georgia Department of Public Health (DPH) provides staffing support to DHS and ARC in shelters by providing nurses and/or access to nursing staff as required. DPH also provides staff to shelters to assist with the assessment of individuals with access and functional needs and provides staff with expertise in basic first aid and health services to supplement ARC health services staff. DPH is responsible for identifying alternate facilities where individuals who are not able to reside in a general shelter may receive resources and services that can better meet their needs. DPH is responsible for obtaining MOUs with alternate facilities prior to a disaster, if possible and should arrange for transportation of these individuals from the shelter to the alternate facility. Transportation will be handled in coordination with GEMA and the American Red Cross. DPH also coordinates with local jurisdictions to assist in locating appropriate accommodations for individuals who must be cared for in a hospital setting requiring more intense medical care. DPH coordinates with local jurisdictions to assist with locating appropriate accommodations for individuals who must be cared for in a hospital or setting requiring more intense medical care.

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD): DBHDD provides treatment and support services to people with mental illnesses and addictive diseases and support to people with development disabilities. DBHDD supports DHS, ARC and DPH in shelters by providing staff with expertise in crisis counseling and mental health to assist with assessments of shelter residents and the provision of services to those residents, shelter staff and other responders and their families.

<u>Georgia Department of Agriculture</u> (GDA): The Georgia Department of Agriculture (GDA) provides support shelter operations through the provision of food and other necessary items for service dogs. GDA also identifies and coordinates the location of pet friendly shelters near general shelters to allow evacuees to care for their pets during disasters. GDA also supports DHS and ARC in the provision of food and food services for shelters when requested.

<u>Friends of Disabled Children and Adults</u> (FODAC): FODAC provides home health (mobility and daily living) equipment to people of any age or disability, temporary or permanent, for medically necessary and medically helpful reasons. When called upon, FODAC can provide this equipment to shelters to support the needs of

individuals with access and functional needs in emergency and general shelters and medical needs shelters.

<u>Georgia Advocacy Office</u> (GAO): GAO can provide information and referral, support and services to individuals with disabilities, mental illness and the elderly in shelters if requested.

Georgia Organizations Active in Disasters (GAVOAD): GAVOAD is a group of volunteer organizations that provide various services to individuals, families and local communities during disasters throughout the state. GAVOAD support is coordinated through GEMA by the Volunteer Agency Liaison (VAL) or directly through coordination with DHS. GAVOAD organizations can provide many types of services to shelters and individuals within shelters. Some of these services include, but are not limited to, day care assistance and feeding. GAVOAD can also assist with providing recovery services after a disaster to help individuals regain their independence and return to or as close to their pre-disaster standard of living.

Progression of Shelter Alert/Activation

Following is the American Red Cross's protocol for opening a shelter in Georgia.

- Communication occurs between Partner Agency and Red Cross regarding need for shelter. Either Red Cross or Partner Agency can initiate communication. Red Cross Disaster Services works closely with all local governmental entities, i.e., Emergency Management Offices—including police/sheriff/fire departments, Health Departments, etc. to make informed decisions.
- 2. Upon knowledge of "individuals with immediate, emergency living needs caused by any disaster situation" Red Cross disaster services activates and begins immediate determination of the following:
 - the approximate location/boundaries of the disaster damage
 - the approximate numbers of families that are affected
 - the types of emergency living needs
 - the likelihood a shelter being needed
- 3. Once the determination has been made that a Red Cross shelter should be opened, a facility will be chosen based on type of disaster, location of shelter facility in relation to families in need, size of shelter facility, and availability of the facility, among other considerations.
- 4. Red Cross will call the contact individual at the selected facility. An "opening time" will be determined by mutual agreement of Red Cross and the facility representative. The facility contact person will then notify the shelter team that the shelter will open.
- 5. Partner Agency activates shelter team and plans for the following functions to be covered (in approximate sequence):
 - Shelter Management

- Registration
- Feeding
- Health Services
- Logistics
- Sleeping/Dorm Management
- Client Services
- Staff Recruitment/Placement
- 6. Red Cross activates shelter support and feeding support volunteers for ARC headquarters.
- 7. Red Cross communicates with the following:
 - Red Cross Disaster Public Affairs for media contact
 - Government Liaison for pertinent related disaster information
 - Other resources pertinent/applicable for response situation, i.e. Food Bank, SPCA, communications personnel for ham radio, etc.
- 8. Partner Agency and Red Cross maintain regular communication through-out shelter operation.

Shelter Size and Layout Considerations

TABLE 3.0: ESTIMATING SHELTER SIZE NEEDS AND REQUIREMENTS			
Estimating Shelter Capacity	20 square feet per person should be available for short-term or evacuation shelters and up to 40 square feet per person for sheltering longer than 72 hours People who use wheelchairs, lift equipment, a service animal, and personal assistance services can require up to 100 square feet.		
	s, Draft Space and Layout Considerations Universal		

Shelter Staffing Training Requirements

Each shelter operator is required to complete ARC Shelter training to work as a shelter volunteer or as a shelter supervisor. The shelter volunteer course is a 2-day, 16 hour course that instructs participants on shelter operations and expectations of all volunteers and shelter supervisors.

Shelter Functions

Local jurisdictions have the responsibility for utilizing all local resources before requesting state assistance. Jurisdictions can find potential shelter staffing in a variety of locations to include:

- Local Jurisdiction Personnel
- Voluntary Agencies

- Service and Faith based organizations
- Community Emergency Response Teams (CERT)
- Students from area universities (consider working with the university to develop a method for students to obtain credits for working in a disaster shelter)
- Private Industry (local community businesses)
- Local nursing associations
- Private Industry
 - Medical staffing agencies
 - Home health agencies
- Public health department staff

Only those positions which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. Staffing will depend on the scale and duration of the incident/operation/shelter. Following are the key shelter functions:

Shelter Management- Provide administrative support and supervision for all functions in the shelter. Ensure that the occupants' needs are being met.

Registration- Ensure that all shelter occupants are registered upon arrival. Maintain system for checking occupants in and out when they leave for any period of time. Manage the system of record keeping for shelter registrations.

Feeding- Supervise the food preparation and service in shelter. Ensure that the needed supplies for the food service are available. Keep accurate records of food and supplies received and expended.

Dormitory Management/Sleeping- Set up sleeping areas. Ensure that residents have assigned areas for sleeping. If applicable, coordinate placement of cots and blankets in area.

Disaster Health/Mental Services- Under the direction of the DHS consultant at chapter disaster operations, ensure shelter personnel's health and safety, monitor for disease prevention, provide first aid as needed and maintain records of health services provided.

Client Services- Organize and administer child care, recreation, transportation, and other services as needed.

Staff Recruitment/Records- Recruit, place, and support staff assigned to the shelter. Provide opportunities to shelter residents to serve as volunteers in the shelter. Maintain records of all workers that assist with shelter operation (including name, address and phone number.)

Logistics- Provide support for the use of the facility. Ensure the safety, security, and sanitation for the shelter. Procure, store, and distribute supplies and equipment at the shelter.

Shelter Placement Guidance

This section of the toolkit will discuss shelter intake and placement. This <u>Shelter Placement Guide</u> is to assist Shelter supervisors, American Red Cross Health Services, American Red Cross Disaster Mental Health, and local Public Health representatives to decide whether an individual should remain at a general shelter or be placed in an Alternate Facility that can better serve their needs.

Alternate facilities include, but are not limited to, nursing homes, private care homes, independent living centers, motels/hotels, or another general shelter with appropriate resources to meet the individual's needs. Appropriate alternate facilities, transport and transfer of individuals moving to an alternate facility will be coordinated by local, district and state public health, the lead agency for Emergency Support Function (ESF) 8 in conjunction with the American Red Cross, ESF 6 (Mass Care) and local Emergency Management Agencies.

This information should be used in conjunction with the assessments conducted upon the individual's entry into the shelter. If an individual has an immediate medical need, staff should call 911 for transport to a hospital. Staff recommendations should be discussed with each individual and include information on services immediately available at the general shelter and those that would be more readily available at an Alternate Facility. If an individual chooses not to follow the recommendation of shelter staff, ARC Health Services/local Public Health representatives may ask the individual to sign an informed consent. Staff should ensure that the individual signing understands that they have made the choice to remain at the general shelter against the recommendation of trained staff and that certain equipment and/or services may not be immediately available at the general shelter.

This tool was developed by the State FNSS Working Group to provide overall guidance to local jurisdictions in support of Functional Needs Support Services planning for general shelters.

It may be modified to reflect the specific plans of each local jurisdiction for determining placement of individuals in general shelters versus Alternate Facilities.

FIGURE 12.0: SHELTER PLACEMENT GUIDE

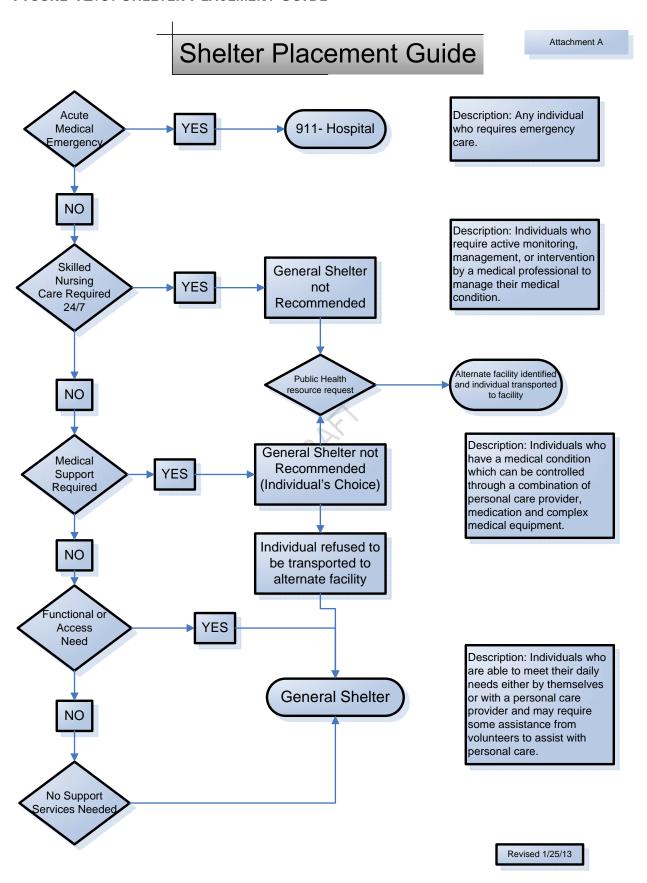


FIGURE 13.0: AMERICAN RED CROSS SHELTER INTAKE FORM

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES						
Date/Time:Shelter Name/City/State:DRO Name/#:DRO Name/#:						
Family Last Name:	133					
	Does the family need language Primary language spoken in home:assistance/interpreter?:					
Names/ages/genders of all family members preser						
	223					
If alone and under 18, location of next of kin/parent/guardian:		If unknown, notify shelter	manager & interviewer initial here:			
Home Address:						
Client Contact Number:		Interviewer Name (pri				
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member			
Do you need assistance hearing me?	YES/NO	If Yes, consult with Disaster Health Services (HS).				
Will you need assistance with understanding or answering these questions?	YES/NO	If Yes, notify shelter manager and refer to HS.				
3. Do you have a medical or health concern or need right now?		If Yes, stop interview and refer to HS immediately. If life threatening, call 911.				
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?		If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).				
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?		If Yes, refer to HS.				
6. Do you normally need a caregiver, personal assistant, or service animal?		If No, skip next question.				
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES/NO	If Yes, circle which one and refer to HS.				
Do you have any severe environmental, food, or medication allergies?	YES/NO	If Yes, refer to HS.				
Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES/NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.			
STOP HERE! STOP	REFER to:	HS Yes No DMH Yes No	Interviewer Initial			
DISASTER HEALTH SERVICES/DISASTER MENTA ASSISTANCE AND SUPPORT INFORMATION		ASSESSMENT FOLLOW-UP Actions to be taken	Comments			
Have you been hospitalized or under the care of a physician in the past month?		If Yes, list reason.	Commence			
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES/NO	If Yes, list potential sources if available.				
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES/NO	If Yes, list type and benefit number(s) if available.				
MEDICATIONS	Circle	Actions to be taken	Comments			
Do you take any medication(s) regularly?	YES/NO	If No, skip to the questions regarding hearing.				
When did you last take your medication?		Date/Time.				
When are you due for your next dose?		Date/Time.				
Do you have the medications with you?	YES/NO	If No, identify medications and process for replacement.				

Revision As of 6-20-08 1 Initial Intake and Assessment Tool

INITIAL INTAKE AND ASSESSMENT TOOL - AN			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	e mobility device/equipment with YES / NO If No, identify potential resource for replacement.		
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES/NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the YES / N issistance and support needed?		If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Sig	nature:	Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long at these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320 3(h)(5)

The authority for collecting this information is 42 USC 500hh-11(b) (4) Your direlosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide arristance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will arrist us in properly triaging you or providing assistance to you.

Revision As of 6-20-08 2 Initial Intake and Assessment Tool

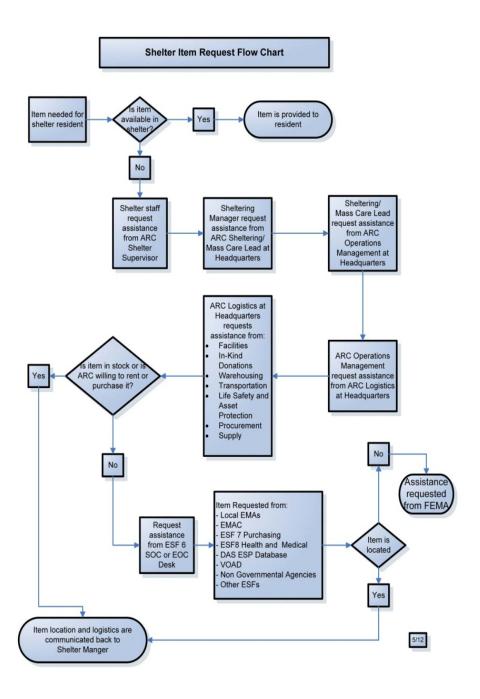
FIGURE 14.0: SHELTER PLACEMENT RECOMMENDATION FORM & STATEMENT OF UNDERSTANDING

	MPLETED BY ARC HEALTH Based on Information from the			
Name:	Age/DOB:		Tracking #:	
	I need immediate medical		·	Yes / No
Does the individual	I have a medical condition	n that requires a	nurse or doctor on a	
daily basis in their	home or at a medical office	ce?		Yes / No
If yes, recommend	alternate facility with medical so	upport capability		
	al have a serious medical of lter Placement Guidance	condition about v	which they are concer	ned? Yes / No
	have the ability to meet the			Yes/No
	Alternate Facility (could be anot			
	al appear to be appropriat er Placement Guidance	ely alert and cog	gnizant of the current s	situation? Yes/No
	any needs that cannot be I assessment (provide det			
Recommended Shelter Facility Name and Local	r Type (circled): ation (if known or TBD): _	GENERAL		FACILITY
INDIVIDUAL STATEM public health represent in an "alternate facility term medical needs." opportunity to ask questicality" is to provide medical typically available the General Shelter medical statements.	IENT OF UNDERSTANDI tative at the shelter, I acknow the stative at the shelter, I acknow the stative at the shelter, I acknow the reasons for the reconstions related to my placer edical care and resources in a General Shelter. I unary not meet my immediate rained professional, I choose	NG: After being nowledge that II ropriate medica mendation wer ment. I understate individuals was aderstand that the or long term me	assessed by an ARC have been recommend support to meet make explained to me, and that the purpose of hose medical needs explained and medical needs. However, and the purpose of the services and medical needs.	Health Services or nded for placement y immediate or long d I have had the f the "alternate xceed the level of al care available at er, against the
Print Name:		Sign Name:		
	Parent or Guardian)	Oigii i vaiile.		
`	Phone:		Alt Phone:	
ARC/Public Health Rei	o Name:		(Print) Date:	
	Title:			
Sic	gnature:			
	,			

Once the client intake and assessment have been completed, shelter workers will have a clearer understanding of FNSS needs of residents. The ARC has a process for requesting FNSS resources and services through their existing chain of command. The shelter supervisor contacts ARC Logistics and requests the needed equipment or service. The logistics manager searches locally, if the ARC is not able to locate the equipment or service locally, ARC Logistics searches regionally, then statewide, then nationally. See Figure 14.0 for the resource request process outline.



FIGURE 15.0: ARC PROCESS FOR REQUESTING FNSS RESOURCES



FNSS Resources and Providers

Support Services & Resources for Individuals with Access & Functional Needs

This section describes the different types of Functional Needs Support Resources and Services, including: General FNSS Resources and Services, Durable Medical Equipment, Consumable Medical Supplies, Personal Assistance Services and Other Goods and Services. Each section will give a description of the service type, examples and provide some sources available locally, regionally, statewide and nationally.

General FNSS Resources

<u>Description</u>: Resources and services listed in this section address multiple types of functional needs support services. In addition, many of the resources identified in this section are available and accessible around the whole state.

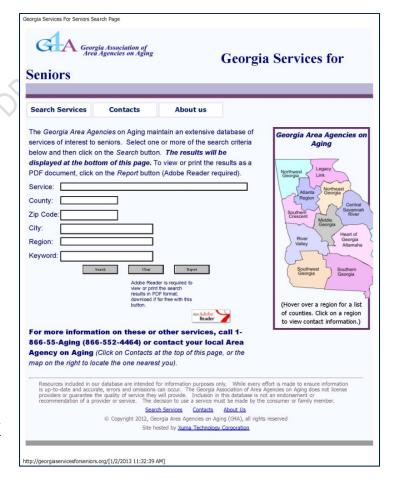
Examples: Includes different types of equipment to meet the various access and functional needs-accessibility, mobility, communications support, toileting/bathing, feeding support, bedding, dressing and additional medical supplies.

Georgia ESP Database- This website contains a web-based resource database sponsored by the Georgia Association of Area Agencies on Aging (G4A). The purpose of the G4A is to improve the life of seniors and persons with disabilities in the State of Georgia through education, information sharing, collaboration, and advocacy.

This online search tool contains information on some of Georgia's most requested services. However, if you need more in-depth information on these or other services, please contact your local Area Agency on Aging.

G4A members include the twelve Georgia Area Agencies on Aging (AAA). Specific details related to each AAA can be found below.

(http://georgiaservicesforseniors.org/ Contact.aspx)



Area Agency on Aging Contacts:

Northwest Georgia Area Agency on Aging (Region 1)

Counties: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield

P.O. Box 1798 Rome, Georgia 30162-1798 1-800-759-2963 706-802-5506

Fax: 706-802-5508 Web: www.nwgrc.org

Legacy Link Area Agency on Aging (Region 2)

Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White

Mailing address: Legacy Link, Inc. P.O. Box 2534 Gainesville, Georgia 30503-2534

Main Office: 508 Oak Street, Suite 1 Gainesville, Georgia 30501 1-800-845-5465 770-538-2650

Fax: 770-538-2660

Web: www.legacylink.org

Atlanta Regional Commission Area Agency on Aging (Region 3)

Counties: Cherokee, Clayton, Cobb, Dekalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale

40 Courtland Street, NE Atlanta, Georgia 30303 1-800-676-2433 404-463-3333

Fax: 404-463-3264

Email: aginginfo@atlantaregional.com

Web: <u>agewiseconnection.com</u>

Southern Crescent Area Agency on Aging (Region 4)

Counties: Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spaulding, Troup and Upson

Mailing Address: P.O. Box 1600 Franklin, Georgia 30217

Main Office:

13273 Highway 34 East Franklin, Georgia 30217 1-866-854-5652 706-407-0033 (Franklin area) 678-552-2838 (Atlanta area)

Fax: 770-854-5402 (Atlanta area) 706-675-9210 (Franklin area)

Email: scaaa@scaaa.net
Web: www.scaaa.net

Northeast Georgia Area Agency on Aging (Region 5)

Counties: Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe and Walton

305 Research Drive Athens, Georgia 30605 1-800-474-7540 706-369-5650

Fax: 706-425-3370 Web: www.negrc.org

River Valley Area Agency on Aging (Region 6)

Counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor and Webster

Mailing Address: P.O. Box 1908 Columbus, Georgia 31902-1908

Main Office:

1428 Second Avenue Columbus, Georgia 31902

1-866-552-4464 Fax: 770-854-5402 Fax: 706-256-2940

Web: www.rivervalleyrcaaa.org

Middle Georgia Area Agency on Aging (Region 7)

Counties: Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs and Wilkinson

175-C Emery Highway Macon, Georgia 31217

1-888-548-1456 478-751-6466 Fax: 478-751-6517

Email: aging@mg-rc.org

Web: www.middlegeorgiarc.org/aaa.php

Central Savannah River Area Agency on Aging (Region 8)

Counties: Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington and Wilkes

3023 Riverwatch Parkway, Suite A Augusta, Georgia 30907 1-866-552-4464 706-210-2018

Fax: 706-210-2024

Web: www.csrarc.ga.gov

Heart of Georgia Altamaha Area Agency on Aging (Region 9)

Counties: Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler and Wilcox

331 West Parker Street Baxley, Georgia 31513 1-888-367-9913 912-367-3648

Fax: 912-367-3640 Web: www.hogarc.org

Southwest Georgia Area Agency on Aging (Region 10)

Counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas and Worth

1105 Palmyra Road Albany, Georgia 31701 1-800-282-6612 229-432-1124

Fax: 229-483-0995

Web: www.sowegacoa.org

Southern Georgia Area Agency on Aging (Region 11)

Counties: Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner and Ware

1725 South Georgia Parkway, West Waycross, Georgia 31503

1-888-732-4464 912-287-5888

Fax: 912-285-6126 Email: wttaft@sgrc.us Web: www.sgrc.us

Coastal Georgia Area Agency on Aging (Region 12)

Counties: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long and

McIntosh

127 F Street Brunswick, Georgia 31521 1-800-580-6860

Fax: 912-262-2313, Web: crc.ga.gov

Durable Medical Equipment

The purpose of this section is to provide local jurisdictions with recommendations for meeting the DME needs of displaced populations with functional needs in a disaster/emergency.

Key stakeholders from local agencies, businesses, disability organizations, community-based organizations, and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to State and federal levels of government.

Most cities and counties have local resources for access to DME. It is recommended that local jurisdictions establish working relationships and/or contingency contracts with local suppliers for their DME needs.

<u>Description:</u> Despite best efforts and advance planning, some persons will arrive at the shelter without the durable medical equipment (DME) and/or medications they require.

Examples: Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence. DMEs include accessible and/or bariatric cots, patient lifts, privacy screens, wheelchair transfer boards.

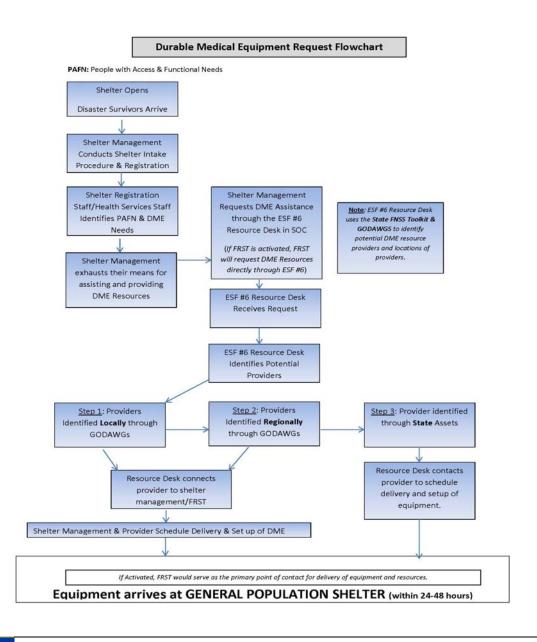
DME Resources:

GEMA Shelter Trailers- In 2012, GEMA purchased the top five pieces of Durable Medical Equipment typically requested in American Red Cross Shelters around the country. This included: wheelchairs, walkers, transfer boards, walking canes, raised

toilet seats and privacy screens. The equipment is stored in shelter trailers across the state in the communities that are most likely to host evacuees during a disaster incident and can be accessed upon request.

GEMA Warehouse Durable Medical Equipment-In 2013, GEMA worked with State Approved medical equipment vendors to purchase Durable Medical Equipment that could be stored and access for delivery to shelters. GEMA collaborated with FODAC to receive, palletize and store the equipment in the organizations Stone Mountain warehouse to ensure that the equipment could be accessed and transported to support local disaster response operations upon request. Figure 16.0 depicts the process for requesting durable medical equipment/consumable medical supply resources through the State Operations Center, ESF #6.

FIGURE 16.0: DURABLE MEDICAL EQUIPMENT REQUESTS THROUGH THE STATE



FEMA Process for Requesting Durable Medical Equipment Cache- In 2012 FEMA entered into contract with various durable medical equipment providers around the country. DME can be requested from FEMA through the State to assist with disaster response and recovery effort. The request must be made through the state and a Presidential Disaster Declaration is required for request.

Centers for Independent Living: The primary source for the acquisition of Durable Medical Equipment and consumable medical supplies are the independent living centers within the State. Centers for Independent Living are non-residential, community-based organizations, governed and staffed by people with disabilities, that offer a wide variety of services to consumers with disabilities and their families. The foundation of these services is the peer-to-peer relationship, where people with disabilities act as mentors for other people with disabilities, showing them by example how to help themselves and to live independently. The core services that CILs provide are:

- Individual Advocacy and Systems Advocacy
- Peer Counseling
- Information and Referral
- Independent Living Skills Training

Depending on the needs of the communities they serve, CILs may provide other services that vary from one center to another. Table 1.0 contains contact information for the CILs located within the State.

TABLE 4.0 STATE OF GEORGIA CENTERS FOR INDEPENDENT LIVING

No.	Organization Name	Website	Address	City	State	Zip code	Phone Number 1
1	Access Center for Independent Living	http://www.access4il.org	430 Prior Street, Suite 120	Gainesville	GA	30501	770-534-6656 (voice)
2	Bain Center for Independent Living		314 Shotwell Street	Bainbridge	GA	39818	229-246-0150 (voice)
3	Disability Connections	http://www.disabilityconnections.com/	170 College Street	Macon	GA	31201	478-741-1425
4	Disability Link	http://www.disabilitylink.org	755 Commerce Drive, Suite 105	Decatur	GA	30030	404-687-8890
5	Disability Link- Northwest		411 Broad Street	Rome	GA	30161	706-314-0008
6	Living Independence for Everyone, Inc. (LIFE)	http://www.liefcil.com	12020 Abercom Street	Savannah	GA	31419	800-948-4824
7	Middle Georgia CIL, Inc.		170 College Street	Macon	GA	31201	478-741-1425
8	Multiple Choices Center for Independent Living	http://www.multiplechoices.us/mcilgraphics.aspx	850 Gaines School Road	Athens	GA	30605	706-549-1020
9	Statewide Independent Living Council of Georgia, Inc.	www.silcga.org	755 Commerce Drive, Suite 415	Decatur	GA	30030	770-270-6860
10	Walton Options for Independent Living Inc.	http://www.waltonoptions.org	PO Box 519 948 Walton Way	Augusta	GA	30903	706-724-6262

Tools for Life: Tools for Life, Georgia's Assistive Technology Act Program, is dedicated to increasing access to and acquisition of assistive technology (AT) devices and services for Georgians of all ages and disabilities so they can live, learn, work and play independently and with greater freedom in communities of their choice.

Sources for Obtaining Reused/Gently Used DME/AT Devices:



The Georgia AT Depot is a state-wide buying Cooperative for Assistive Technology for customers in the State of Georgia. The Georgia AT Depot is modeled after the Maryland AT Co-op, which has operated a successful cooperative buying program since 1998 (http://www.atdepot.org/).



gTRADE, Georgia's Online Equipment Exchange, encourages members to offer AT and DME for sale or donation to others who may benefit from using technology unneeded by others (http://www.gtradeonline.org/).



<u>FODAC</u> – Friends of Disabled Adults and Children (FODAC) is Georgia's statewide provider of home health equipment and durable medical equipment. FODAC has distributed 20,000 wheelchairs and thousands of other pieces of DME since 1986. Internationally, 65 countries have received some equipment over those years (<u>www.fodac.org</u>).



The <u>Dollars and Sense Funding Guide</u> is an online database with both possible funding sources and strategies to obtain funding for assistive technology (http://web-helps.net/DS_Search/).

Consumable Medical Supplies

The purpose of this section is to provide local jurisdictions with recommendations for meeting the CMS and Prescription Drug needs of displaced populations with functional needs in a disaster/emergency.

Key public and private stakeholders from local agencies, businesses, disability organizations, community-based organizations, faith-based organizations, non-governmental organizations, and private sector organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the lowest level possible then before escalating to higher levels of government when local resources are exhausted.

Most cities and counties have local resources for access to CMS and medical oxygen. It is recommended that local jurisdictions establish working relationships and or contingency contracts with local suppliers for their needs.

<u>Description</u>: Consumable Medical Supplies for children and adults include items that are ingested, injected, or applied and/or are one time use only.

Examples: medications, diapers, bandages, disposable patient care gloves, nutritional drinks for diabetics,

CMS Resources:

GEMA Shelter Trailers: Between 2009- 2010, GEMA partnered with local EMA's to identify host shelter communities. The communities that agreed to host shelters were awarded shelter supply trailers. Each trailer around the state contains Consumable Medical Supplies required to operate shelters. Supplies include (but are not limited to): diapers, bandages, disposable patient care gloves, cotton supplies, cold packs, hot packs, thermometers, alcohol, stethoscopes, wet wipes, baby bottles, oral syringes and CPR Pocket masks.

Pharmacy Support: The purpose of this section is to provide local jurisdictions with recommendations for meeting the pharmaceutical needs of displaced populations with functional needs in a disaster/emergency. Key stakeholders from local agencies, businesses, disability organizations, community-based organizations, and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to state and federal levels of government. Most cities and counties have local resources for access to Pharmacy Support. It is recommended that local jurisdictions establish working relationships and or contingency contracts with local pharmacies to provide prescription medications.

Department of Public Health, Pharmacy Section: The mission of the Pharmacy Section of the Department of Public Health is to provide current drug and disease information and high quality, cost-effective pharmaceuticals to health professionals working within the public health system, for use in disease prevention and the promotion of the health and well-being of Georgians. The Pharmacy Director plans, organizes, and directs the pharmacy service programs of the Division of Public Health by coordinating the activities of pharmacists, other division and district health professionals and administrative and technical personnel involved in the

statewide delivery of drugs and vaccines to public health clinics. Pharmaceuticals are ordered and distributed through District Drug Coordinators from pharmacy

manufacturers, pharmacy wholesalers, the Division or TB pharmacy, or other contracted organizations. (http://health.state.ga.us/programs/pharmacy/)

American Red Cross Pharmacy Support- The Red Cross has the ability to offer shelter resident replacement medications during their stay. The procedure for replacing essential prescription medications for shelter residents includes the following:

- Contact the pharmacy where the resident has been getting their medication.
 If it is inaccessible or too far away, have prescription transferred to a pharmacy nearer the shelter. Verify first that the prescription is current, and when the last refill was obtained to be sure the resident had the medication and was taking it regularly. Check all current prescriptions on file to be sure all needed prescriptions are replaced.
- If there is insurance coverage, determine if the refill is eligible for coverage. Pharmacists may have the ability to get insurance companies to pay for emergency refills due to disasters. Pharmacists have the knowledge and ability to access appropriate authorities for authorization of emergency refills for Medicaid covered residents.
- Prescriptions from large chain pharmacies are generally available at any store within their chain through computerized records.
- If there are no refills available on a resident's prescription, ARC Health Services will contact their health provider (or clinic) for a new prescription and have it called in to a designated pharmacy nearby.
- If the resident does not know what medications they were taking, ARC Health Services will contact their health provider (or clinic) for a list of medications, get prescriptions and have it called in to a designated pharmacy nearby.
- If the resident's pharmacy and usual health care provider cannot be reached, ARC Health Services can arrange for them to be seen at the nearest urgent care center, clinic, or emergency room where they can be evaluated and receive new prescriptions. ARC Health Services will negotiate the lowest possible rate and will open a case for the resident so a debit card can be issued to cover the expense.
- The Shelter Supply Officer will pick up the prescription(s) and pay for them with a Red Cross purchase card.
- Sometimes the resident has insurance coverage or personal means to pay for their medication and will only need assistance with making logistical arrangements to obtain their medication.
- If Red Cross does provide medications to a resident, generally only a 1-2 week supply is purchased for the time the resident is expected to be in the shelter. Once the resident leaves the shelter, case workers and ARC Health Services will evaluate the resident's ongoing needs and may authorize up to a month's refill on all medications, including those refilled while the resident stayed in the shelter.

Note to Planners: Public Health personnel may be requested to fill the role of the ARC Health Services representative and should be aware of the Red Cross procedures for medications in shelters. In addition, public health may be requested to assist with obtaining medications and other resources for shelters.

Personal Assistance Services

The purpose of this section is to provide local jurisdictions with recommendations for meeting the Personal Assistance Service needs of displaced populations with functional needs in a disaster/emergency.

Description: Personal Assistance Services (PAS) are persons who provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as: grooming, eating, bathing, toileting, dressing and undressing, walking/transferring, maintaining health and safety, taking medications, communicating and accessing programs and services.

Examples: A Personal Assistant (PA) could be a family member or friend. Other names for this person are attendant or caregiver who:

- Assist persons in maintaining their usual level of independence (assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.)
- Provide support to persons with intellectual, cognitive, and mental health conditions
- Provide interpreters and/or other communication support to assist persons who require communication assistance deaf or hard of hearing and blind or low vision, speech disabilities, language/cultural differences
- Provide assistance to individuals who have conditions that affect mobility
- Provide assistance to children and adults with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.)
- Provide assistance to children and adults with temporary limitations (postsurgery, injuries, pregnancy, etc.)
- Provide assistance to children and adults who require dialysis

PAS Resources:

Center for Personal Assistance Services: The PAS Center provides research, training, dissemination and technical assistance on issues of personal assistance services (PAS) in the United States. The services and information accessed through the PAS Center Website can be utilized to provide FNSS Services to individuals during disaster and emergency incidents.

(http://www.pascenter.org/state_based_stats/index.p
hp?state=georgia)



p://www.pascenter.org/envergency/index.php#pronese[1/2/2013 3:46:14 PM]

Promising Practices in PAS During Disasters: A national search was conducted in 2011 for promising practices in providing personal assistance services in disaster situations. Organizations and agencies interviewed and nominated. Initial screening interviews were held to determine if the practice provided some ways to solve the need for personal assistance during or after a disaster that needed evacuation or sheltering in place, had been used at least once, and had been in place for at least 6 months. Follow-up interviews determined the details of the practice.

The following are some examples of Promising Practices in PAS:

Caretracker - IHSS Public Authority in Santa Barbara County, CA (http://www.pascenter.org/emergency/Caretracker_Promising_Practice.php)

Shelter Volunteer Caregiver Training Emergency Management Disability and Aging Coalition (EMDAC) in Louisiana

http://www.pascenter.org/emergency/Shelter_Volunteer_Promising_Practice.php)

Using Medical Reserve Corps for PAS in shelters -Missouri State Emergency Management Agency

http://www.pascenter.org/emergency/Reserve_Corps_Promising_Practice.php)

State Personal Care Programs-States have the option of offering personal care services (PCS) as a Medicaid benefit. States have considerable discretion in defining PCS but programs typically involve non-medical assistance with activities of daily living (e.g., bathing and eating) for participants with disabilities and chronic conditions. Unlike waivers, the PCS benefit must be available to all categorically eligible groups but states can opt to include the medically needy (those who spend down to the state standard because of medical expenses).

(http://www.pascenter.org/state based stats/PAS contact info.php?state=georgia &title=Contact+Info+for+Medicaid+PAS)

Medicaid Waivers offered in Georgia- Community Care: This waiver allows physically disabled persons and/or those aged 65+ who meet the nursing facility level of care to return to their homes, the homes of caregivers or other community settings. Services offered under this waiver include: service coordination, respite care, adult day healthcare, alternative living services (personal care home), and home delivered meals. (http://dch.georgia.gov/aging-special-populations)

FEMA's MOU with National Personal Assistant Service Company: The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288), as amended after the hurricane season of 2005, assigned new authorities to FEMA, including the provision of services to individuals with access and functional support needs in congregate facilities. FEMA awarded the PAS contract to augment the ability of States, tribes, and Territories to help individuals with access and

functional needs maintain their health, safety, and independence in congregate facilities after a Presidential declaration. **FEMA has contracts with two personal assistance services providers.** The PAS contract provides two levels of support to help individuals with access and functional needs maintain their independence in congregate facilities:

- Basic personal care, such as grooming, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety.
- Higher level of care, including changing dressings on wounds (such as pressure point sores), administering medications / injections (such as insulin), catheterization, and respiratory care (to include mechanical ventilation) when allowed by the State or Territory.

A maximum of 50 PAS staff per contractor will deploy a minimum of 24 hours after the task order has been issued and funding has been secured. Eligible applicants are State, tribal, or Territorial governments that request FEMA to provide PAS in congregate facilities after a Presidential declaration.

Other Goods & Services (including Assistive Technology Devices and Effective Communication Methods)

Communication Tools for Individuals with Limited English Proficiency:

The purpose of this section is to provide local jurisdictions with recommendations for meeting the various needs (including, but not limited to assistive technology and communication needs) of displaced populations with access and functional needs in a disaster/emergency.

Description: Individuals with or without disabilities who have access or functional needs should be given the same information provided to the general population using methods that are understandable and timely. Planning for effective communication requires pre-emergency planning for auxiliary aids and services to meet the communication needs of all shelter residents.

Examples:

- Hearing Aids
- TTY/TDD Phones
- Cap Tel Phones (for captioning)
- Computer Assisted Real time Translation
- Hearing aid batteries of different sizes (including batteries for cochlear implants
- Synthesizers used with PCs for text-to-speech
- Screen Readers
- Screen Magnification Programs

Scanning Systems for Low Vision Users

GACHI, Serving the Deaf & Hard of Hearing: Established in 1989, GACHI is a statewide nonprofit organization that provides a variety of assistive services to the deaf and hard of hearing, their family members, friends, and local state and federal agencies. In addition to the main office in Decatur, GACHI operates satellite offices in Columbus, Cedartown, Augusta, Macon and Hinesville. Services offered-Advocacy, including educating others about ADA, encouraging customers to foster self-determination as well as empowerment and independence., Information and Referral locating resources and referrals geared toward individuals with hearing loss and speech issues and the people surrounding them, Community Education & Outreach educating others primarily through workshops and special event as well as outreaching letting others know about GACHI, The Georgia Telecommunications Equipment Distribution Program, offering free telecommunication devices to qualified applicants (http://gachi.org/)

Communications Access Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties: This Guide was created to provide insight to emergency managers, emergency planners, shelter supervisors, the local public safety community, disability service providers and individuals with disabilities about the various options available to provide accessible emergency information to individuals who are deaf, hard of hearing or have speech difficulties during emergency/disaster situations. The guide has been developed in a poster format and lists out multiple communication options, including: CapTel, Closed Captioning, Communication Boards, Pen/Pencil/Paper, Pre-recorded Messages/Information in ASL, Sign Language Interpreters, NOAA Weather Radios with Accessories, TTY/TDD, Video Phone, Video Relay Service and Video Remote Interpreting. The Guide is housed on the ADA Coordinators Website. (http://ada.georgia.gov)

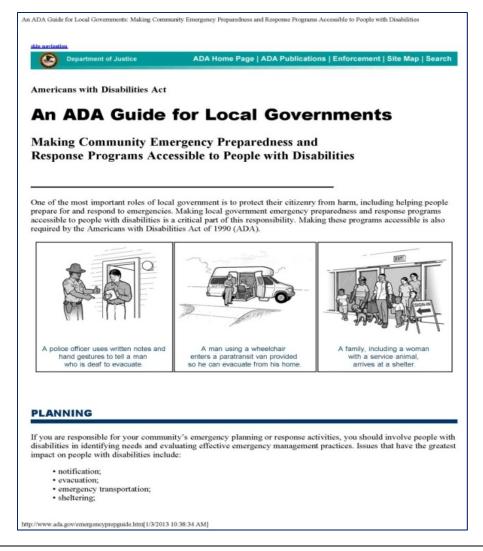
General Effective Communication Requirements Under Title II of the ADA: Provides tools and requirements for communicating with all audiences including those with disabilities. (http://www.ada.gov/pcatoolkit/ch3_toolkit.pdf)

AAA Activities and Services: (http://georgiaservicesforseniors.org/)

- The AAA's One-Call "Gateway" to Aging Services (706) 210-2018 & (888) 922-4464
- Home Aid Solutions (care coordination, meals, bathing, dressing, homemaking, etc.)
- Disability Services (ramps, rails, modification, assistive devices, education, and more)
- Caregiver Support (individual guidance, support groups, training, respite, adult day care)
- Wellness Programs (senior fitness classes, training for organizers, medication education)

- Georgia Cares (prescription cost solutions, Medicare and health insurance education)
- Ombudsman Program (preserving residents' rights in long-term care facilities)
- Elderly Legal Assistance (individualized services for low-income seniors)
- Elder Abuse Prevention (public education about abuse, exploitation, neglect, and fraud)
- Civic engagement through our volunteer recruitment program (gives individuals the opportunity to donate their time to aiding seniors throughout the region)

ADA Guide for Local Government Emergency Preparedness: This website is sponsored by the Department of Justice. One of the most important roles of local government is to protect its citizens from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility. Making these programs accessible is also required by the ADA of 1990 (http://www.ada.gov/emergencyprepguide.htm.)



APPENDICES

State of Georgia FNSS Toolkit

Appendix

- 1) FEMA's Recovery Fact Sheet: Personal Assistance Services in Shelters 9580.210
- 2) Memorandum of Understanding Template
- 3) FEMA's Commonly Use Sheltering Items & Services Listing (CUSI-SL), August 2011
- 4) Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults Publications List-

No.	Document/Publication	Intended Audience
1	First Responders Tips Guide Update	First Responders/Local Emergency Managers
2	Georgia's Emergency Preparedness-For Individuals with Disabilities & Older Adults Brochure (s)-(1) Statewide , (2) Local Government Template	Individuals with Access & Functional Needs Disability Service Providers Local Government Officials
3	Emergency Preparedness: Planning for Individuals who Use Assistive Technology (AT)	Individuals with Access & Functional Needs & Their Families
4	Emergency Preparedness Fact Sheets- General EP, Hurricane EP, Earthquake EP, Extreme Heat EP, Tornado EP, Winter Weather EP	Individuals with Access & Functional Needs & Their Families
5	Get Ready Toolkit	Individuals with Access & Functional Needs & Their Families
6	Train-the-Trainer PowerPoint,	Disability Service Providers, Local Government Officials
7	Communications Options for the Deaf Quick Reference Guide	Local Government Officials, Shelter supervisors, Disability Service Providers
8	FNSS Resource Guide	Local Government Officials, Shelter supervisors, Disability Service Providers
9	Coalition Factsheet	Local Government Officials, Shelter supervisors, Disability Service Providers
10	NOAA Weather Radio Special Needs Brochure	Individuals with Access & Functional Needs & Their Families, Disability Service Providers
11	Coalition Working Document	Coalition Members/Network Members



FEMA RECOVERY

FACT SHEET

9580.210

PERSONAL ASSISTANCE SERVICES IN SHELTERS

Overview

This fact sheet provides clarification on the eligibility of personal assistance services in congregate and transitional shelters under the Category B, Emergency Protective Measures provision of the Federal Emergency Management Agency's (FEMA) Public Assistance Program. FEMA will reimburse eligible applicants' reasonable costs associated with the provision of personal assistance services for persons with disabilities in congregate and transitional shelters.

The Public Assistance Program and Applicants for Public Assistance grants must abide by all applicable authorities, including: Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, et seq.; 28 C.F.R. Part 35 (Title II, Department of Justice); the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121, et seq.; and 44 C.F.R. Part 206. Applicants should also consult the FEMA Public Assistance Guide (FEMA 322), dated June 2007; FEMA Disaster Assistance Policy DAP9523.15, Eligible Costs Related to Evacuations and Sheltering, dated April 6, 2007; FEMA Disaster Assistance Policy DAP9521.3, Private Nonprofit (PNP) Facilities Eligibility, dated July 18, 2007; and FEMA Recovery Policy RP9525.7, Labor Costs-Emergency Work dated November 16, 2006 to determine eligibility requirements.

Personal Assistance Services are formal and informal services usually provided by paid personnel, friends, family members and volunteers that enable children and adults to maintain their independence outside of an institutional setting. In a congregate or transitional shelter, when the person that normally provides assistance is not available, personal assistance services will still be required in order to maintain the usual level of independence. These services may include: care for oneself such as grooming, eating, bathing, toileting, dressing and undressing, walking, transferring

RECOVERY FACT SHEET DAP9580.210

PERSONAL ASSISTANCE SERVICES IN SHELTERS

(moving to or from a wheelchair to cot); maintaining health and safety; and assistance taking medications, communicating, or accessing programs and services.

Personal Assistance Services do not include the provision of: wheel chairs, prescription eyeglasses, hearing aids, or readers for personal use or study.

Public Assistance Eligibility

Eligible Applicants: State, local, and tribal governments which provide personal assistance services in general population shelters (44 CFR §206.221 **Definitions** and §206.222 **Applicant Eligibility**). State, local, and tribal governments may provide personal assistance services directly, or may contract (including through mutual aid agreements and memoranda of understanding) with other personal assistance service providers for such services.

Emergency Shelters

If a State, local, or tribal government provides personal assistance services to individuals with disabilities in a congregate or transitional shelter, the cost to provide personal assistance services is considered part of the sheltering operation and the cost for both the facility and its operation are eligible. Reimbursement for the costs of providing personal assistance services will terminate when Section 403 emergency sheltering operations end.

Eligible Sheltering Costs

If the regular employees of an eligible applicant perform duties in direct support of personal assistance services, any overtime pay related to such duties is eligible for reimbursement. However, the straight-time pay of these employees is not eligible. Regular-time and overtime for contract labor, including mutual aid agreements, specifically hired to provide additional support required as a result of the disaster or emergency are eligible for reimbursement. (See 44 CFR 206.228(a)(2) and FEMA Recovery Policy RP9525.7, *Labor Costs-Emergency Work*, for information related to eligible labor costs while performing emergency work).

Prepared By: Public Assistance Divis

	Deborah Ingram	Date	
ion			Page 2 of 3

RECOVERY FACT SHEET DAP9580.210

PERSONAL ASSISTANCE SERVICES IN SHELTERS

Assistant Administrator Recovery Directorate











August 2011

Commonly Used Sheltering Items

& Services Listing (CUSI-SL)

Catalog

As of August 2011

Table of Contents

<u>item</u>	Page #
Key Information	
Major Items	1
Hygiene Kit Items	2
Bulk Hygiene Items	2
Shelter Cleaning Items	3
Miscellaneous Items	3
Leased Equipment and/or Contracted Services	4
Infant and Toddler's List	5-6
Durable Medical Equipment (DME) Items	7
Consumable Medical Supplies (CMS)	8-10
How to Access Mass Care Contracts	11
Federal Resource Support for Sheltering/Feeding Char	t 12

Commonly Used Sheltering Items & Services Listing (CUSI-SL) Key Information

(August 2011)

> Process

- Items being requested from the CUSI-SL must follow standard operating procedures for ordering (e.g. Action Request Form (ARF) from State)
- Requested items will be annotated in the Single Point Order Tracking (SPOT) process
- Items highlighted in Orange (# HK-001 thru HK-0017 on page 2 and Items # FD-001, FD-002, and GN-001 on page 4) will automatically go to the Logistics Management Directorate at FEMA National headquarters for fulfillment due to existing agreements with other federal agencies for support
- Items highlighted in Green (# I/T 001-I/T 007) on page 5 make up the perishable items and items #I/T 008-I/T026 on page 5-6 make up the nonperishable items in an Infant/Toddler kit which can be pre-staged
- DME and CMS are intended to be ordered and employed as matching kits to support sheltering operations
- Regional Log Chiefs will be able to utilize existing BPAs/IDIQs for Mass Care support to include Shelter and Feeding Items and related Services, Infant and Toddler Items, Durable Medical Equipment and Consumable Medical Supplies

Notes

- A separate Staging Area for Mass Care support <u>may</u> be implemented at the time of the disaster depending on circumstances
- FEMA has a goal of replenishing all Standard Disaster Survivor (SDS) cots
 with Enhanced Disaster Survivor (EDS) cots through attrition over time

Commonly Used Shelter Items & Services Listing (CUSI-SL)

<u>General Note 1</u>: Planning estimate is based on 100 person shelter population <u>for one week per order or as requested</u>

<u>General Note 2</u>: Local Business Task Team (LBTT) and "AbilityOne" program organizations will be utilized to the maximum extent possible in every category of the CUSI-SL

<u>General Note 3</u>: All personal liquid items must meet TSA standard (3.4 oz or less) in case of aerial evacuation unless otherwise indicated

	Major Items	Description	Quantity
	Note: Shelter items (SI) on	this page may be ordered at the LMC	or JFO off existing BPAs/contracts
SI-001	Blanket, Cotton	White, 66" x 90"	Up to 200 each or see item SI-013
SI-002	Cots, Enhanced Disaster Survivor (EDS)	H: 16" min w/mattress – 19" max w/mat. Width: 30" min – 36" max Length: 80" min Unit weight: 40 lbs max Supports a minimum of 350 lbs	Up to 100 each or see item SI-014
SI-003	Banquet Packs	Plastic Fork, Knife, Spoon & Napkin; 3-4 Persons Daily	2,100-2,800 weekly (300-400 daily)
SI-004	Beverage Commodities	Includes Concentrated Drink Mix for Punch & Lemonade, Juice (Individual Bottles), Tea & Instant Hot Chocolate (3-4 Servings of 6-8 oz Per Person Daily)	2,100-2,800 weekly (300-400 daily)
SI-005	Bottled Water	3 Liters per Person Daily	2,100 liters weekly (300 liters daily)
SI-006	Beverage Dispenser, Insulated (Cambros)	Model 500LCD-157	5-10 per shelter
SI-007	Food Carrier, Insulated (Cambros)	Models 100MPCHL-158; UPCS180- 401; UPCS160-110	40 per shelter
SI-008	Paper Towel Dispenser	Cambro Model HWAPR-110	1 per shelter
SI-009	Shelf Stable Meals	2 per Person Daily	1,400 weekly (200 daily)
SI-010	Food Commodities	Commercial Grade #10 Cans of Veggies, Fruit & Protein; Frozen Precooked Protein; Snack Foods (e.g Chips, Cookies) & other Items as Identified	To be determined (TBD) at time of disaster
SI-011	Clothing, Winter	Sweatsuits: 90% Adult, 10% Child (Varying Sizes)	TBD at time of disaster
SI-012	Clothing, Summer	Tops & pants (e.gDoctor Scrubs): 90% Adults, 10% Childs (Varying Sizes)	TBD at time of disaster
SI-013	Blanket, Wool	30% wool, 80" x 62" Up to 200 each or see	
SI-014	Cots, Standard Disaster Survivor (SDS)	11 ½" H x 25" W x 76" L	Up to 100 each or see item SI-002

	Hygiene Kit Items	Description	Quantity	
	Note 1: Hygiene kits consisting of items #1-17 will replace hygiene kits currently in stock in FEMA Distribution Centers (DCs) as they are used			
	Note 2: Items #1-17 highlighted in orange below will be sent from GSA National headquarters as a kit; Items #18-26 may be ordered ala carte off the 100 person Shelter Kit IDIQ contract at the LMC or JFO			
HK-000	Note 3: To order entire Hyg	iene Kit (HK) of items #1-17, use I	HK-000	
HK-001	Antibacterial Cleansing Wipes	Travel Pack of 15	100 each	
HK-002	Bar, Antibacterial Soap (i.eDial)	1 oz or less	100 each	
HK-003	Comb, Individual	Plastic, 5"	100 each	
HK-004	Deodorant, Unscented (No aloe)	1.5 oz or less	100 each	
HK-005	Facial Tissue, 2 Ply	Travel Pack of 15	100 each	
HK-006	Hairbrush	Plastic with Medium Bristles	100 each	
HK-007	Hand & Body Lotion	2 oz or Less	100 each	
HK-008	Hand Sanitizer	2 oz	100 each	
HK-009	Razor, 3 Blade with Cover	Disposable	100 each	
HK-010	Shampoo	2 oz or Less	100 each	
HK-011	Conditioner	2 oz or Less	100 each	
HK-012	Shaving cream	2.5 oz or Less	100 each	
HK-013	Toothbrushes, Adult	Soft Brush, in Wrapper	100 each	
HK-014	Toothpaste	.85 oz or Less	100 each	
HK-015	Mouthwash (Antiseptic)	1.5 oz or Less	100 each	
HK-016	Washcloths	White, Cotton, 12" x 12"	100 each	
HK-017	Patch Handle Bag	Plastic, White, 15" x 18" x 4"	100 each	
	Bulk Hy	giene Items - to be ordered sepa	rately as needed	
HK-018	Shower Caps	One Size Fits All	100 each	
HK-019	Shower Shoes, Adult	One Size Fits All	100 each	
HK-020	Shower Shoes, Child	One Size Fits All	25 each	
HK-021	Toothbrushes, Child	Individually Wrapped	25 each	
HK-022	Feminine Napkins	Travel Size Box of 10	100 boxes	
HK-023	Feminine Product (e.gtampon)	Travel Size Box of 10	100 boxes	
HK-024	Bathroom Tissue, 2 ply	1 Roll per Person	4 roll packs - 25 each	
Hk-025	Bar Soap (e.givory)	1 oz or Less	25 each	
HK-026	Bath Towels	White, Cotton, 27" x 52"	100 each	

	Shelter Cleaning (SC) Items	Description	Quantity	
	Note: Items #1-11 ma	Note: Items #1-11 may be ordered ala carte off the 100 person Shell LMC or JFO		
SC-001	All-Purpose Cleaner	Spray Bottle, 32 oz	3 cases of 12 bottles each	
SC-002	Bleach	1 Quart	20 bottles	
SC-003	Broom	Heavy Duty	6 each	
SC-004	Bucket, Plastic	5 Gallon	6 each	
SC-005	Dust Pan	17"	6 each	
SC-006	Gloves, Rubber	75 Large; 25 Medium	100 per shelter	
SC-007	Мор	20 oz Mid-Grade Industrial Cotton	6 each	
SC-008	Paper Towels, 1 Ply (e.gScott)	11" x 8 3/4", 120 sheets per roll	10 cases with 20 rolls per case	
SC-009	Sponge, Standard	4 1/4 " x 6"	25 each	
SC-010	Tall Kitchen Bags, Plastic	13-Gallon	2 cases of 100 each	
SC-011	Trash Bags (Heavy Duty; Roll of 20)	Large (42-Gallon)	2 cases of 50 each	
	Miscellaneous (MI) Items	Description	Quantity	
		y be ordered ala carte off the 100 persons to be ordered off the BPA for Con		
MI-001	Can Openers, Large for Shelter Staff	Manual for #10 cans	6 each	
MI-002	Caution Tape, Yellow	2" x 50 yards	2 rolls	
MI-003	Facial Tissue, 2 Ply	100 Tissues per Box	15 boxes per shelter	
MI-004	Gloves, Food Handling	100 per box (75% Medium and Large; 25% XL)	10 boxes of 100 each	
MI-005	Hand Sanitizer, Large	8 oz ea with Pump	1 case of 6 each	
MI-006	Paper Cups, 12 oz	100 per sleeve (5 sleeves per case)	5 cases	
MI-007	Lids with Holes for Straws	Plastic lid for 12 oz Paper Cups	2,500 each	
MI-008	Diapers, Adults	Extra-Large	3 cases of 20	
MI-009	Diapers, Adults	Large	3 cases of 20	
MI-010	Diapers, Adults	Small/Medium	3 cases of 20 for each size	
MI-011	Magnifying Glass	Classic, 3" with 5X Magnification	2 each	
MI-012	Flexible Drinking Straws	100 each in Pack	25 packs	
MI-013	Duct Tape	2" x 60 Yards per Roll 12 rolls		
MI-014	CHUX Pads	Standard Size, 17"x 24" 1 box of 25 each		
MI-015	Non-Latex Gloves	Non-Powder, Disposable, L 1 box of 100 each		
MI-016	Bio-Hazard Waste Bags	20-30 Gallon Waste Bags with "Infectious Waste" Print	2 cases of 125 each	

	Leased Equipment and/or Contracted Services (LE)	Description	Quantity		
	Note 1: For items marked Accessible** ramps must include 12' of ramp for every 1' in rise				
	Note 2: Items on this page may be ordered at the LMC or JFO off existing BPAs/contract for items FD-001, FG-002 and GN-001 which will be filled from the National level only				
FD-001	Fuel - Diesel (FD)	Fuel	100 gallons per day for generators		
FG-002	Fuel - Gasoline (FG)	Fuel	TBD at time of disaster		
LE-001	Propane	Cylindrical Tanks/Gallons	250 gallons per day for heating systems		
LE-002	Portable Toilets, Accessible **	Service 3 x Per Week	8 each per shelter population of 100		
LE-003	Hand-Washing Stations, Accessible **	Transportable Sink	1 ea for every 2 portable toilets for 100 people		
LE-004	Laundry Service	Service 3 x Per Week	for 100 people		
LE-005	Portable Shower Units, Accessible **	Transportable Shower Facility	6-12 shower units per 100 people/1 of 6 must be accessible		
LE-006	Box Trucks, 24'	Cubed Storage Space on a Truck	2 per warehouse site		
LE-007	Commercial Truck Drivers	To Assist in Delivery of Commodities	TBD at time of disaster		
LE-008	Dumpsters	40 Yard with Daily Service	1-2 per shelter/kitchen site		
LE-009	Fresh Water	2,000 Gallons	1 per kitchen/shelter site		
GN-001	Generators (GN)	30 KW	1 per kitchen/shelter site		
LE-010	Forklifts, All Terrain	6,000 lbs	1 per kitchen/warehouse site		
LE-011	Pallet Jacks (Hand)	Standard/3,500 - 4,500	2 per kitchen/warehouse site		
LE-012	Hand Trucks (Dollies)	1,500 - 2,000 lb Capacity	1 per site		
LE-013	Reefer Trailers, 53' & 48 '	Refrigerated Container Truck	1-2 per kitchen/warehouse site		
LE-014	Dry Box Trailers, 53' & 48'	Dry Freight Trailers	1-2 per kitchen/warehouse site		
LE-015	Power Washers	Pressurized Washers 4 per kitchen/warehouse s			
LE-016	Grey Water	2,000 Gallon Tank	1 per kitchen site		
LE-017	Bio-Hazard Collection Service	10-Gallon Regulated Medical Waste System	1 per shelter with service		

	Infant and Toddler's (I/T) List	Description	Quantity	
	Note 1: Planning estimate for <u>one week</u> based on 10% of 100-person shelter population being 10 Infants/Toddlers Note 2: ITEMS #1-26 HIGHLIGHTED IN GREEN BELOW WILL BE PUSHED TO THE FIELD AS PART OF PRE-STAGING ACTIVITIES; Items #27-33 are PULL items			
	Note 3: Items on this page may be order what is needed	ered ala carte off the existing BPA	at the LMC or JFO to support only	
	Note 4: USDA will automatically assur	me provision of items #1-7 within	96 hours	
	Note 5: All baby formula must be "Rebased formula.	ady to Use" or "Ready to Feed" p	re-mixed bottles <u>NOT</u> powder	
	Note 6: Item I/T-006 & 007 should be o	lispensed by shelter health service	es staff	
I/T-000	Note 7: TO ORDER PRE-STAGE KIT	OF ITEMS #1-26 USE I/T-000		
I/T-001	Baby Food - Stage 2 (Includes veggies, fruit, and meat)	16 oz daily per infant/toddler for 6 infant/toddlers	672 ounces per week Range in container size: 3.5 – 4 oz each	
I/T-002	Baby Cereal (e.gGerber rice, barley, or oatmeal)	Dry, single grain	160 ounces needed per week Boxes should be 16 oz or less	
I/T-003	Formula, Milk-based, Ready to Feed (already mixed with water) in bottles or cans [e.gSimilac Ready to Feed]	32 oz daily per infant for 4 infants	894 ounces per week Range in container size: 2 - 8 ounces	
I/T-004	Formula, Soy-based, Ready to Feed (already mixed with water) [e.gSimilac Isomil Advance]	32 oz daily per infant for 2 infants	448 ounces per week Range in container size: 2 - 8 ounces	
I/T-005	Formula, Hypoallergenic- hydrolyzed Protein, Ready to Feed (already mixed with water) [e.g Similac Alimentum Hypoallergenic]	32 oz daily per infant for 2 infants	448 ounces per week Range in container size: 2 - 8 ounces	
I/T-006	Oral Electrolyte Solution, Ready to Use, Flavored or Unflavored (e.gPedialyte, Enfalyte or generic)	32 oz daily per infant for 2 infants	448 ounces per week Range in container size: 2 - 8 ounces	
I/T-007	Nutritional Supplemental Drinks for Children over 12 months of age, Ready to Drink (e.gPediasure, Boost Kids Essentials)	32 oz daily per infant for 2 infants	448 ounces per week Range in container size: 2 - 8 ounces	
I/T-008	Sip Cup - Soft Starter Spill Proof Cup with 2 Handles	6 oz size	10 each	
I/T-009	Diapers (Up to 10 lbs)	Newborn	40 each	
I/T-010	Diapers, Infants (up to 14 lbs)	Size 1	160 each	
I/T-011	Diapers, Infants (12-18 lbs)	Size 2	160 each	
I/T-012	Diapers, Infants (16-18 lbs)	Size 3	160 each	
I/T-013	Diapers, Infants (22-37 lbs)	Size 4	160 each	
I/T-014	Pull up Diapers (38+ lbs)	Size 4T-5T	160 each	

	Infant and Toddler's (I/T) List	Description	Quantity
I/T-015	Diaper (Baby) wipes [e.gHuggies Natural Care]	Fragrance free	1,400 each
I/T-016	Preventative Baby Ointment (e.g A&D Ointment)	Tube Sizes: 2 oz – 4 oz Maximum	10 each
I/T-017	Diaper Rash Ointment with zinc (e.gA&D Ointment with Zinc)	Tube Sizes: 2 oz – 4 oz Maximum	10 each
I/T-018	Burping Cloth	16" x 24"	10 each
I/T-019	Infant Feeding Bottles (Plastic Only)	6 oz Size Preferred	200 each
I/T-020	Nipples for Baby Bottles	Standard, Non-latex, 2 per Bottle	400 each
I/T-021	Infant/Small Child Feeding Spoons	Small Width, Soft Tip (Individually Wrapped)	60 each
I/T-022	Disposable Changing Pads	At Least 13" x 18" in Size	140 each
I/T-023	Infant Wash, Hypoallergenic (e.g Johnson's Natural Baby Wash)	9 oz Plastic Bottle	10 each
I/T-024	Washcloths	Terrycloth or Cotton	15 each
I/T-025	Towels	Terrycloth or cotton	15 each
I/T-026	Lightweight Blankets	Hypoallergenic (e.gCotton, Cotton- flannel, or Polyester fleece)	15 each
I/T-027	Coloring Books	Suitable for Small Children	6 each
I/T-028	Crayons	24-count	6 each
I/T-029	Infant Bathing Basin	Thick Plastic, Non-Foldable Basin At least 12" x 10" x 4"	10 each
I/T-030	Portable Cribs /Playpens	Lightweight, Portable (e.gGraco Travel Lite Crib)	5 each
I/T-031	Toddler Potty Seat	Fits on the Seat of an Adult Toilet, with Handles for Support	4 ea (2 each for men's / 2 each for women's restroom)
I/T-032	Electrical Receptacle Covers	Plastic, Minimum 36	1 package of 36 each
I/T-033	Diapers, Infant (Up to 6 lbs)	Preemie	40 each

	Durable Medical (DM) Equipment Items	Description	Quantity	
	Note 1: ITEMS #1-24 HIGHLIGHTED IN GREEN BELOW WILL BE PUSHED TO THE FIELD AS PART OF PRE-STAGING ACTIVITIES; Items #25-28 are PULL items			
	Note 2: Items on this page may be ordered ala carte at the LMC or JFO off the existing IDIQ contract to support only what is needed			
		f the 'Sample' list in the Functional Needs Support Services on additional planning factors on what is needed for a Pre-S		
DM-000	Note 4:To order entire kit	of items #1-28 use DM-000		
DM-001	Bed Wedge for Bariatric Cot	24" x 24' x 12"	3 each	
DM-002	Westcott 700 Cot, Bariatric w/mattress	600 lb Capacity	3 each	
DM-003	Westcott 400 Cot w/ Mattress	with Half Side Rails	5 each	
DM-004	Bedside Commode	300 lb capacity	2 each	
DM-005	3 in 1 Commode for Over Toilet Use	300 lb Capacity	2 each	
DM-006	Independent Toilet Seat with Safety Bars	Contoured, Soft Foam Armrests; Legs Height Adjustable; Weight Capacity 350 lbs; Adds 4" to Height. Width: 22 1/2"; Width bet Arms: 19"; Depth: 15 1/4"; Floor to Seat 20"	2 each	
DM-007	Egg Crate Padding	32"W x 72"L, 1.2 density foam, roller compressed pkg	1 each	
DM-008	Walker, Dual Release	Standard w/out Wheels	1 each	
DM-009	Walker, Dual Release	Standard w/wheels	1 each	
DM-010	Walker, Dual Release	Heavy duty w/wheels	1 each	
DM-011	Wheelchair, Adult	1ea w/Foot Rest; 1ea w/Elevated Leg Rest	2 each	
DM-012	Wheelchair, Adult, XL	To 450 lb Capacity w/Elevated Leg Rest	1 each	
DM-013	IV-Pole, 5 Castor	Heavy Gauge Steel, Slow-descending Pole, 3" Castors w/Dust Covers and Thread Guards; Base has Durable Black Powder Finish	2 each	
DM-014	Canes, White	Standard Cane for the Blind	2 each	
DM-015	Canes, Quad	Large Base	2 each	
	Crutches, Adult	Hardwood Armpit Crutch w/20" Length of 1" x 1": Padded Top	2 pair	
DM-017	Crutches, Youth	Same Description as Adult Crutch but Size Adjusted for Children	1 pair	
DM-018	Handheld Shower	With 84" Hose	2 each	
DM-019	Shower Chair w/Back Rest	400 lb Capacity	2 each	
DM-020	Privacy Screen	3 Panel with Castors	10 each	
DM-021	Dressing Aid Stick	2 hooks: One "C" Hook; One Push-pull Hook; Both Hooks Plastic Coated	2 each	
DM-022	Transfer Boards	Standard for Wheelchair	2 each	
DM-023	Assorted Utensil Holders (Non-Latex)	Special Soft Holders, 3" L x 1"H	2 each	
DM-024	Wheelchair Ramps	Portable, 10' long	1 each	
DM-025	Comfort Box	1ea Knit Pant, T-shirt, Pair Sox for Bariatric Resident 10 each		
DM-026	Transfer Lift w/2 Mesh Slings	450 lb Capacity (Hoyer Lift)	2 each	
DM-027	Wheelchair, Pediatric	1ea w/Foot Rest; 1ea w/Elev. Leg Rest	2 each	
DM-028	Refrigerator (No Freezer)	Counter Height; Used for Medications	2 each	
	<u>l</u>			

Consumable Medical Supplies	Description	Quantity	
		ems may be ordered	
ala carte to support only what is needed			
Note 2: To order entire kit of item	s #1-93 use CM-000		
Antibacterial Cleansing Wipes	Travel pack of 15	100 each	
Tall Kitchen Bags, Plastic	13-gallon	100 each	
	22 17 6	440	
		448 ounces per week	
	for 2 infants	Range: 2 - 8 ounces	
	Classic, 3" with 5X Magnification	2 each	
Lids with Holes for Straws	Plastic for 12 oz Paper Cups	2,500 each	
Flexible drinking straws	100 per pack	25 packs	
Duct tape	2" x 60 Yards per Roll	12 rolls	
CHUX pads	Standard Size, 17" x 24 "	1 box of 25 each	
Non-latex Gloves	Non-powder, Disposable, L	1 box of 100 each	
Bio-Hazard Waste Bags	10 Gallon Regulated Medical Waste System	2 cases of 100 each	
_	-	20 bottles	
		10 each	
, , , , , , , , , , , , , , , , , , ,		10 cases with 20	
Paper Towels, 1 Ply (e.gScott)	11" x 8 3/4", 120 Sheets per Roll	rolls each	
Hand Sanitizer, Large	8 oz ea with Pump	1 case of 6 each	
Hand Sanitizer, Small	2 oz each	100 each	
	Quart and Gallon Size	100 each Quart	
Baggies, Clear Plastic, resealable	(Range in box size: 20-40 count)	100 each Gallon	
		Package of 12	
	,	Package of 12	
		12 each	
1	•	2 each	
•	•	10 each	
Urinals, Male	·	8 each	
Distilled Water (for Humidifiers)	1 Gallon Size	10 each	
` ` `	Plastic Bottles, 8 ounces	40.1	
,		48 bottles	
Nutrition Drink, High Protein (e.g Ensure)	Plastic Bottles, 8 ounces	48 bottles	
	Tracheotomy Brush	2 each	
	Two Pipe Cleaners		
Tracheotomy Care Tray			
Scissors		2 each	
Scissors	·	2 each	
	*	2 each	
	around the lower back to provide support		
Back Support	to the lumbar Supports cervical portion of spinal cord/head	4 each	
	Note: Items #1-93 may be ordered ala carte to support only what is ne Note 2: To order entire kit of item Antibacterial Cleansing Wipes Tall Kitchen Bags, Plastic Nutritional Supplemental Drinks for Children (over 12 months of age), ready to drink (e.gPediasure, Boost Kids Essentials) Magnifying Glass Lids with Holes for Straws Flexible drinking straws Duct tape CHUX pads Non-latex Gloves Bio-Hazard Waste Bags Bleach Bucket, plastic Paper Towels, 1 Ply (e.gScott) Hand Sanitizer, Large Hand Sanitizer, Small Baggies, Clear Plastic, resealable Instant Ice Instant Heat Emesis Basin Bedpans Urinals, Male Distilled Water (for Humidifiers) Nutrition Drink for Diabetics (e.gGlucerna) Nutrition Drink, High Protein (e.gEnsure) Tracheotomy Care Tray Scissors	Note: Items #1-93 may be ordered at the LMC or JFO off the existing BPA; It ala carte to support only what is needed Note 2: To order entire kit of items #1-93 use CM-000 Antibacterial Cleansing Wipes Travel pack of 15 Tall Kitchen Bags, Plastic Nutritional Supplemental Drinks for Children (over 12 months of age), ready to drink (e.gPediasure, Boost Kids Essentials) Magnifying Glass Classic, 3" with 5X Magnification Lids with Holes for Straws Plastic for 12 oz Paper Cups Flexible drinking straws Duct tape Plexible drinking straws Duct tape Plexible drinking straws Plastic for 12 oz Paper Cups Flexible drinking straws Duct tape Plastic for 12 oz Paper Roll CHUX pads Standard Size, 17" x 24" Non-pader, Disposable, L Bio-Hazard Waste Bags Bleach	

	Consumable Medical	Description	
	(CM) Supplies	•	Quantity
	() / 15 15 15 15		2 each Standard Adult, 2 each
CM-031	Blood Pressure Cuff	Automatic with Batteries	XL Adult, 2 each Child's
		Sterile .9% Saline Solution to Wash	12 each of 7 oz size
CM-032	Saline Solution	Wounds, 7 oz size	
CM-033	Pill Crusher	Standard	6 each
CM-034	Pill Cutter	Standard	6 each
CM-035	Diapers, Adult	XL	60 each
CM-036	Diapers, Adult	Large	60 each
CM-037	Diapers, Adult	Med	60 each
CM-038	Diapers, Adult	Small	60 each
	Pull-Up Adult Diapers (e.g-	C	20 and
CM-039	Prevail adjustable underwear)	Small	20 each
	Pre-moistened Wipes (e.g	Pre-moistened individually wrapped	1 has of 100
CM-040	Wet-Nap)	Towelettes; 100 wipes per bag	1 bag of 100
CM-041	Sterile Gauze	4" x 4", 100% cotton	2 boxes of 100
CM-042	Sterile Gauze Sponges	2" x 2", 100% cotton	2 boxes of 50
CM-043	ABD Pads	Sterile Wound Pads, 8" x 10"	1 case (approximately 200)
CM-044	Ace Bandages (2")	2" x 4.5 Yards per Box	2 boxes
CM-045	Ace Bandages (3")	3" x 4.5 Yards per Box	2 boxes
CM-046	Ace Bandages (4")	4" x 4.5 Yards per Box	2 boxes
CM-047	Ace Bandages (6")	6" x 4.5 Yards per Box	2 boxes
CM-048	Applicators, 6 " (i.eQ-tip)	Cotton, Tipped; 100 per Box	2 boxes
CM-049	Bandage Gauze Roll (2")	2" x 10 Yard per Roll	6 dozen
CM-050	Bandage Gauze Roll (4")	4" x 10 Yard per Roll	6 dozen
CM-051	Cotton Balls	100% Cotton	4 bags of 50
CM-052	Colostomy Appliance	Cut to Fit Stomahesive w/Tape Collar; w/1 Sided Comfort Panel, 12"; Tail Clip by Convatec	2 each
CM-053	Colostomy Wafers	Individually Wrapped, 4" x 4"	2 boxes of 10 each
CM-054	Colostomy Paste	Ostomy Paste, 2 oz Tubes	4 tubes
CM-055	Colostomy Skin Preps	Protective Barrier Wipes	1 box of 50 wipes
CM-056	Colostomy/Ileostomy Bags	11" Drainable Bag, Cut to Fit	1 box of 10
CM-057	Telfa Dressings, Sterile	3" x 4"	2 boxes
	General antiseptic cleansers		
CM-058	(e.gBZK Towelettes)	Non Alcohol, 5" x 7", Latex Free	2 boxes of 100
CM-059	Alcohol Prep Pads, 2 ply	100 per Box	4 boxes of 100
CM-060	K-Y Jelly	4 oz Size (Size range: 2 oz – 4 oz)	4 tubes
CM-061	Hydrogen Peroxide, Topical	16 oz Size (Size range: 8 oz – 16 oz)	4 bottles
CM-062	Betadine scrub solution	16 oz Size (Size range: 8 oz – 16 oz)	4 bottles
CM-063	Adhesive, non-allergic	1" Paper Tape x 11 Yards	6 each
CM-064	Adhesive, non-allergic	2" Paper Tape x 11 Yards	6 each
CM-065	Safety Pins, closed	Nickel Plated, 1.74" (Size 2)	1 box of 1,440
CM-066	Medicine Cups	1 oz Size	2 packages of 100 each
CM-067	Hand Asepsis Towelettes	Antimicrobial Hand Wipe; 160 per Pack	4 packages of 160 each
CM-068	Batteries - Assorted Sizes	AAA/AA/C/D/9 Volt	24 each - AA & AAA; 8 each - C & D & 9 volt
CM-069	Spray Bottle, Plastic	6 ounce Size	4 each

	Consumable Medical (CM) Supplies	Description	Quantity	
		Includes Meter, Carrying Case, Lancing Device, 10 Lancets, Control Solution Normal,	4 each	
CM-070	Blood Glucose Meter Kit	and Alternate Site Testing Cap		
CM-071	Test Strips - Diabetic	50 Strips per Box	2 boxes of 50	
CM-072	Velcro, Double Sided (Loop & Hook)	1", 2", and 4" x 50 Yards	2 rolls of each size	
CM-073	Nebulizer	350 ml Capacity; FIO (2) Settings adjustable from 35-100% with Ports for a Feed Set and Immersion Type Heater	2 each	
CM-074	Isolation Mask	Basic with Ear Loops; Fluid resistant w/Polypropylene Outerfacing	1 box of 50	
CM-075	Foley Catheter	All Silicone, 12Fr 5Cc	10 each	
CM-076	Intermittent Catheter, Male	Cath Intmt Rdrbr 8Fr 16In. With Funnel End and Round, Hollow Tip. Two Opposing Eyes. Sterile. SizeA~16"^SizeB~8 Fr^	25 each	
CM-077	Condom Catheters, Male	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W Foam Strap	25 each	
CM-078	Intermittent Catheter, Female	Intmt Pvc Pls Cath F 14 Fr 6.5. Sterile. Clear Polyvinyl Chloride w/Matte Finish, Smooth Rounded Tip, Funnel End. izeA~6 1/2"^SizeB~14 Fr^	25 each	
CM-079	External Catheter, Male	Cath Ext Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W Foam Strap	25 each	
CM-080	Spray, Medical Adhesive	3.2 ounce	5 cans	
CM-081	Adhesive Remover, Universal	Remover wipe	1 box of 50 wipes	
CM-082	Leg Bags, Soft, Vinyl Bags w/Flutter Valve and Velcro Strap (Assorted sizes - sm/med/lg)	500ml x 3 600ml x 3 950ml x 3	3 bags of each size	
CM-083	Canulas Nasal Oxygen Tubes (Disposable)	Extra Soft, Curved Tip w/7' Crush Resistant Tubing	5 each	
CM-084	Regulators, Oxygen	Oxygen Regulator w/Overall Length Less Than 4"; Weight 6.9 Ounces. Downward Facing Outlet Port	2 each	
CM-085	Bedside Drainage Collectors	2000 cc Bag w/Drip Chamber, Sample Port and Universal Hanging Device	3 each	
CM-086	Power Strips	6' Length	5 each	
CM-087	Battery Chargers	For Wheelchair Batteries (Cirrus Plus EC Power)	2 each	
CM-088	Extension Cords	50' Length	3 each	
CM-089	T.E.D. Compression Stockings (Under Knee)	Medium, Large and Extra Large Sizes	1 of each size	
CM-090	Shampoo & Body Wash	Hypoallergenic, Chemical Free, No Alcohol, Contains Aloe	2 - 8 oz bottles	
CM-091	Wound Cleanser, Spray	No Rinse, Non-Irritating, w/Acemannan Hydrogel		
CM-092	Air Pump	Pump for Bicycle Tires 1 each		
CM-093	Paper Cups, 12 oz	100 per sleeve (5 sleeves per case)	5 cases	

How to Access MC Contracts & Agreements

This document gives direction on how to access agreements and contracts developed by FEMA's Mass Care Section.

Once the ARF has been approved by all appropriate personnel and the request has been verified and validated by the appropriate ESF-6 Mass Care personnel, utilize the contract information and contract officer information listed below to procure needed commodities.

Contract/Agreement Information		
Description	BPA No.	
Food Product BPA to	HSFEHQ-09-A-0793	
support NGO kitchens	HSFEHQ-09-A-0790	
	HSFEHQ-09-A-0702	
DME IDIQ	HSFEHQ-09-D-1652	
Shelter Kit IDIQ to support	HSFEHQ-09-D-1461	
the CUSI list.		
CMS BPA as listed in the	HSFEHQ-11-A-0098	
CUSI	HSFEHQ-11-A-0123	
	HSFEHQ-11-A-0122	
	HSFEHQ-11-A-0120	
	HSFEHQ-11-A-0121	
Infant/Toddler BPA as listed	HSFEHQ-10-A-1052	
in the CUSI	HSFEHQ-10-A-1051	

In order to place orders using the above listed agreements/contracts, please contact the contracting officer and specialist listed below first during disaster operations. Any other information needed or if the two POCs are not available, please contact the additional POCs.

	Acquisitions Contact	Title	Phone	E-mail
Primary POC	LaShawn Smith	Contracting Officer	(202) 212-4306	lashawn.smith@dhs.gov
Secondary POC	Sean Williams	Contract Specialist	(202) 646-4354	sean.williams@dhs.gov
Additional POC	Lester Ingol	Chief Contracting Officer	(202) 212-1767	lester.ingol@dhs.gov
Additional POC	Treena Greene	Deputy Contracting Officer	(202) 646-3708	treena.greene@dhs.gov

If a request for IA-TAC is made, it should immediately be directed to the IA Branch Director in the field who will make the official request through the IA Division Director at FEMA HQ.

Tips for First Responders:

Commond Time for Assessment
General Tips for Awareness
Older Adults
1
Individuals with Service Animals
T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Individuals who use Mobility Devices
Individuals who And Doof on Hond of Hooning
Individuals who Are Deaf or Hard of Hearing
Individuals Who Are Blind or Have Vision Loss
Individuals with Are blind of flave vision Loss
Individuals with Speech or Language Conditions
Individuals with Specen of Language Conditions
Individuals with Mental Health Conditions
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Individuals with Cognitive Disabilities
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Individuals with Autism
Individuals with Multiple Chemical Sensitivities
Individuals who Are Deaf-Blind

Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults

American Red Cross of Georgia (ARC)

Atlanta Area School for the Deaf (AASD)

Center for Advanced Communications Policy-Georgia Institute of Technology

Dekalb County Emergency Management Agency (DEMA)

Federal Emergency Management Agency (FEMA)

Friends of Disabled Adults & Children (FODAC)

GACHI-Serving the Deaf & Hard of Hearing Georgia Advocacy Office (GAO)

Georgia Association of the Deaf (GAD)

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

Georgia Department of Human Services (DHS)

Georgia Department of Public Health (DPH)

Georgia Emergency Management Agency (GEMA)

Georgia Radio Reading Service (GaRRS)

Georgia State Financing and Investment Commission-State
ADA Coordinator's Office

Gwinnett Coalition for Health and Human Services-Emergency Preparedness Committee

Gwinnett, Newton, Rockdale County Health Departments
Southeast ADA Center

Tools for Life-The Alternative Media Access Network-Georgia Institute of Technology- Enterprise Innovation Institute

Funding for this tips guide provided by:

Georgia State Financing and Investment Commission State ADA Coordinator's Office

The Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults would like to thank the original creators and publishers of this tips guide:

Center for Development and Disability, University of New Mexico

New Mexico Department of Health, Office of Health, Emergency Management

American Association on Health & Disability

New Mexico Governor's Commission on Disability

Research and Training Center on Independent Living

The State of Texas Functional Needs Support Services Integration Committee

The Oklahoma Developmental Disabilities Council

Dear First Responder:

Emergencies are stressful enough, but they may be especially traumatic for individuals with disabilities. As a first responder, you must consider the unique needs of people with disabilities in an emergency.

Some disabilities are easily identifiable, while others may be less apparent to a casual observer.

This quick reference guide provides specific, practical tips for working with people who have a wide range of disabilities. The information is color-coded for easy access before, during and after a crisis.

Remember, as a first responder, people depend on you to provide critical assistance when they are most vulnerable. Hopefully, this information will help you assist the individuals you serve during an emergency.

For more information about how to assist people with disabilities, refer to the resource section at the back of this guide. Thank you for what you do, and for taking the time to review this information.

Sincerely,

Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults

General Tips for Awareness

- Be respectful and courteous when working with individuals with disabilities and older adults.
- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or an artificial limb can usually shake hands (Shaking hands with the left hand is an acceptable greeting).
- If you offer assistance, wait until the offer is accepted, then listen to or ask for instructions.
- Do not use first names unless requested to do so by the person you are assisting.
- Relax. Do not be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Do not be afraid to ask questions when you are unsure of what to do.
- Upon arrival, ask or look for an identification bracelet with special health information, essential equipment and supplies, medication, mobility aids, special communication information, signs of stress and/or confusion, and emergency contact information to reach the person's family. By being prepared and observant before you offer help to an individual in distress, you may reduce the person's stress and confusion during an emergency.

Older Adults

Always ask Older Adults how you can best assist them.

- Older Adults may respond slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking a few extra minutes to listen carefully or repeat a question may take less time than dealing with someone who has become confused or unwilling to cooperate.
- Older Adults may fear being placed in a nursing facility against their will. Assure them they are merely receiving medical treatment, not being taken to a nursing or care facility.
- Older Adults may fear being removed from their homes. Be sympathetic and understanding and explain that this relocation is most likely temporary.
- Before moving older people, assess their ability to speak, see and hear; adapt rescue techniques for sensory impairments.
- Older Adults with a hearing loss may appear disoriented and confused when in reality they cannot hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it is not, can you get a new battery to make it work? See the tip sheet for People Who Are Deaf or Hard of Hearing for more information.
- If the person has vision loss, identify yourself and explain why you are there. Offer the person your elbow as a guide to moving them to safety; otherwise speak continuously while they follow you to safety. Let the person hold your arm and then guide them to safety. See the tip sheet for People Who Are Blind or Have Visual Difficulties for more information.

- Ask the person what medications they are taking and where their medications are stored. If possible, gather all medications before evacuating. Most people keep all their medications in one location in their homes. If they cannot bring their medications, ask if they have a list of their medications, an emergency contact number for their health care provider(s) and their family emergency contact.
- If the person is disoriented or not responding to you, they may have dementia or be in shock. Turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly and calmly, using short words. Ask "yes" or "no" questions, and repeat them if necessary. Maintain eye contact.

Individuals with Service Animals

Traditionally, the term "service animal" referred to seeing-eye dogs. However, now a service animal is a dog that is individually trained to do work or perform tasks for a person with a disability. In addition, there is a special provision for miniature horses under the ADA and entities covered by the ADA must modify their policies to permit miniature horses where reasonable.

For more information on persons with disabilities who use service animals, see ADA 2010 Revised Requirements: Service Animals at www.ada.gov/service animals 2010.html.

- Remember a service animal is not a pet. Service animals are allowed to go anywhere a person could go, including food preparation and medical areas
- Do not touch or give the animal food or treats without the permission of the owner
- When a dog is wearing its harness, it is on duty. If you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- A service animal is an extension of the person who uses it. These animals should be evacuated with the person who uses it.
- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. If you have doubts, provide care and service first. When you arrive at your destination, address the issue with the supervisor in charge.
- If the animal is out of control or presents a threat to the individual or others, first let the owner attempt to control the animal; if this is unsuccessful, remove it from the site.

- A person is not required to give you proof of a disability that requires a service animal. You must accept that he or she has a disability.
- People with psychiatric and emotional disabilities may have a companion animal. Although companion animals are not considered service animals under the ADA Amendments, these animals can be just as important to the individuals as a service animal is to an individual with a physical disability.
- Service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices.

Individuals who use Mobility Devices

A mobility device (e.g. wheelchair, walker, etc.) is an extension of the person who uses it. These devices should be evacuated with the individual. However, if it is impossible to evacuate an individual's wheelchair, please make every effort to bring the wheelchair transfer board and/or seat cushion. (Note: For individuals who use upper floors, an evacuation (stair) chair or similar device may need to be provided).

- Always <u>ask</u> the person how you can help before attempting to assist. Even when there is an urgent need to evacuate, respect their independence. Do not make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but <u>can</u> then proceed without assistance. Ask!
- Here are some questions you may find helpful:
 - o "Are you able to stand or walk without the help of a mobility device like a cane, a walker or a wheelchair?"
 - o "You might have to [stand] [walk] for quite a while on your own. Will this be all right? Please be sure to tell someone if you think you need assistance."
 - o "Are you able to use your arms?"
- When carrying people, avoid putting pressure on their arms, legs or chest. This may cause spasms or pain, and may even interfere with their ability to breathe.
- If possible, avoid using the fireman's carry. Use the one-person or twoperson carry technique.

Crutches, Canes or Other Mobility Devices:

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand holds the crutch or cane. Do not interfere with the person's movement unless you are asked, except when absolute speed is the primary concern. If this is the case, tell the person what you will need to do and why.
- Offer to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

Evacuating People Who Use Wheelchairs:

- If the conversation will take more than a few minutes, sit down to speak to the person at eye level.
- People who use wheelchairs are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Do not assume you need to help, or presume to know what kind of help to give. Ask first.

Non-Motorized Wheelchairs:

Whenever possible, the in-chair carry is the most desirable technique to use.

- One-person assist. The rescuer should assume the following position:
 - Grasp the pushing grips, if available.
 - Stand one step above and behind the wheelchair.
 - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
 - Keep your center of gravity low.

- Descend frontward.
- Let the back wheels gradually lower to the next step.
- Two-person assist. The first rescuer should assume the position described in the one-person assist. The second rescuer should:
 - Stand in front of the wheelchair and face the wheelchair.
 - Stand one, two, or three steps down (depending on the height of the other rescuer).
 - Grasp the frame of the wheelchair.
 - Push into the wheelchair.
 - Descend the stairs backwards.

Motorized Wheelchairs:

- Motorized wheelchairs may weigh as much as 400-500 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached; also ask how you should position yourselves, where you should grab hold and at what angle, if any, to tip the chair backward.
- Turn the power to the wheelchair off before lifting it.
- Many people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

Individuals Who Are Deaf or Hard of Hearing

- There is a difference between the terms "hard of hearing" and "deaf." People who are hard of hearing vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- If possible, flick the lights when entering an area or room to get the individual's attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Make sure the person understands you and repeat what you said if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient the person may have difficulty understanding the urgency of your message.
- Provide people with a flashlight to signal their location if they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.

 While written communication works for many people, others may not understand English well enough to understand written instructions.
 Keep instructions simple, in the present tense and use basic vocabulary.

Work with your local deaf and hard of hearing community and consider the communication tools and techniques below:

High Tech Communication tools:

- Utilize hand held mobile devices to text back and forth.
- Deliver general announcements via text blast or email.
- Share a computer to facilitate written communication. (Utilize large font for individuals who have visual loss)
- Establish Video Remote Interpreting (VRI) services which may be used to provide effective communication. VRI is an interpreting service that uses video conference technology over dedicated lines or that uses wireless technology with a high-speed, wide-bandwidth video connection that delivers high-quality video images.
- Utilize accessibility tools that individuals may bring with them for communication.

Low Tech Communication tools:

- Utilize pen and paper to clearly and legibly print information.
- White boards with large font to carry through the shelter area with announcement information
- **Should this be for Blind or vision loss or Deaf-Blind:
 - Print general instructions in large print (minimum font size of 18 points) and in Braille.
 - Record announcements or information on tapes or other data and provide access to mediums to listen to the materials.
 - Utilize American Red Cross "Visual Language Translator for Emergency Assistance" booklet, "Language Identification Chart", "Basic Emergency Sign Language Poster" Braille communication book and pictogram tools.

Provide for an onsite American Sign Language (ASL) Interpreter:

Although various technological methods are available for communicating with persons who are deaf, the circumstances of an emergency can incapacitate these methods or reduce their effectiveness. In adverse situations, sign language interpreters can be a very effective communication link with deaf persons and those who may depend on lip reading. Effective communication can best be assessed by asking the individual which communication methods work for them.

Understanding American Sign Language:

American Sign Language (ASL) uses visually transmitted sign patterns to convey meaning while simultaneously combining hand shapes, body orientation and movement of the hands, arms or facial expressions to fluidly express a speaker's thoughts. In terms of sentence structure, people who use ASL and have been deaf from birth, use topic-comment syntax, while hearing people who speak English use subject-object-verb. Speakers of sign language communicate through concepts and words in non-English sentences.

While it is possible to interpret sign language into a spoken language such as English (and vice versa), such an interpretation often is not a direct translation. American Sign Language (ASL) is a complex visual-spatial language that is used by the community who is deaf in the United States. It is a linguistically complete, natural language. It is the native language of many men and women who are deaf, as well as some hearing children born into families of parents who are deaf. Sign languages across time are developed specific to their communities and are not universal. For example, ASL is completely different from British Sign Language even though both countries speak English.

One example of conceptual framework for sign language would be, if an employee in a grocery store asks his supervisor for the day before Thanksgiving off...he would say, "Do you mind if I have the day before Thanksgiving off? Translated into sign language would be, "Wednesday, day before thanksgiving, don't-mind, off." Another example would be if a person in a shelter was asked, "How often do you need to take your medication?" In sign language it would conceptually translate to, "Medicine pills-taking how many times day?"

See Georgia Communications Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties Guide for Additional Resources (http://ada.georgia.gov).

Individuals who are Blind or Have Vision Loss

- There is a difference between visual loss and blindness. Some people who are legally blind have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don't be afraid to use words like see, look, or blind.
- State the nature of the emergency and offer the individual your elbow as a guide. As you walk, be verbally descriptive; advise the individual of any obstacles. Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- Do not grab or attempt to guide a person without first asking for permission.
- If needed, let the person grasp your elbow, arm or shoulder lightly for guidance.
- A person may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- When leading several individuals with vision loss, ask them to guide the person behind them.
- Remember that you'll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.

- If the person has a service animal, don't interact with the animal unless the person says it is okay to do so. Service animals must be evacuated with the person.
- Refer to the section in this Tips Guide on People with Service Animals.

Individuals with Speech or Language Conditions

- Give the person your full attention. Listen patiently and carefully, and try not to interrupt or finish the person's sentences.
- Do not assume that the person with a speech impairment does not understand you.
- If you have trouble understanding, ask the person to repeat the statement. If, after trying, you still cannot understand, ask the person to write it down or suggest another way to communicate.
- If necessary, repeat a statement in order to clarify or confirm what the person said.
- When possible, provide a quiet environment to make communication easier

Individuals with Mental Health Conditions

- If a person begins to exhibit unusual behavior, do not assume they have a mental health condition. Unusual behavior can be caused by extreme emotion, stress or physical conditions such as lack of oxygen, low blood sugar, or diabetes.
- You may not be able to tell if a person has a mental health condition.
 They may cope well under routine conditions but the stress of an emergency may cause them to decompensate or have a sudden loss of control
- If you suspect someone has a mental health condition, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly in a normal, calm tone.
- Do not talk down to them; do not yell or shout.
- Lean forward—this shows interest and concern.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If they are confused, do not give multiple commands—ask or state one thing at a time.
- Be sympathetic—show that you have heard them and care about what they have told you. Be reassuring.
- If the person is delusional, do not try to talk the person out of it. Just let them know you are there to help.
- Ask if there is any medication they should take with them.

- Try to avoid interrupting the person who might be disoriented or rambling—just let him or her know that you have to move quickly.
- People with psychiatric and emotional disabilities may have a companion animal. Although companion animals are not considered service animals under the ADA, these animals can be just as important as a service animal is to a person with a physical disability.

Individuals with Cognitive Disabilities

Sav:

- My name is... "I am here to help you, not hurt you."
- I am a ... (name your job).
- I am here because ... (explain the situation).
- I look different than my picture on my badge because... (for example, if you are wearing protective equipment).

Show:

- Your picture identification badge (as you say the above).
- Calmness and ability to do your job.
- Respect for the dignity of the person (example: speak directly to the person).

Give:

- Extra time for the person to process what you are saying and to respond.
- An arm to the person to hold as they walk, if needed. Offer your elbow for balance.
- Quiet time to rest, if at all possible, to lower stress and fatigue.

Use:

- Short sentences
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words.

- Point to your ID picture as you say who you are; point to any protective equipment as you speak about it.
- * A cognitive disability affects a person's ability to reason, understand, and learn. Cognitive disabilities are sometimes referred to as intellectual disabilities

Predict:

- What will happen (simply and realistically).
- When events will happen (tie to common events in addition to numbers and time, for example, "By lunch time..." "By the time the sun goes down...").
- How long this will last—when things will return to normal (if you know).
- When the person can contact or rejoin loved ones (for example: calls to family, reuniting with pets).

Ask for/Look for:

- An identification bracelet with special health information.
- Essential equipment and supplies (for example, wheelchair, walker, oxygen, batteries, Communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Service animal.
- Special health instructions (for example, allergies).
- Special communication information (for example, is the person using sign language or other assistive technology).
- Contact information

- Signs of stress and/or confusion (for example, the person might say he
 or she is stressed, look confused, withdraw or start rubbing his or her
 hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

Repeat:

- Reassurances (for example, "You may feel afraid. That is all right. We are safe now.").
- Encouragement (for example, "Thanks for moving fast. You are doing great. Other people can look at you and know what to do.").
- Frequent updates on what is happening and what will happen next. Refer to what you predicted will happen, for example: "Just like I said before, we are getting into my car now. We will go to ... now."

Reduce:

 Visual and Auditory Distractions. For example, lower the volume of a radio, use flashing lights and sirens on a vehicle only when necessary.

Explain:

- Any written material (including signs) in everyday language.
- Public address system announcements in simple language.

Share:

 The information you have learned about the person with other workers who will be assisting.

Individuals with Autism

Communication:

- Speak calmly. Use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond.
- The person may repeat what you said, repeat the same phrase, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- Avoid using phrases or slang that have more than one meaning such as "spread eagle" "knock it off" or "cut it out".
- Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- Some people with autism may not indicate they are experiencing paincheck for injuries.

Social:

- Approach the person in a calm, non-threatening manner.
- The person may not understand typical social rules or read social clues.
 He or she may be dressed inappropriately, enter your personal space, prefer to be farther away from you, or may not make eye contact.
- The person may have unusual facial expressions or laugh or giggle inappropriately, or may have difficulty understanding the seriousness of the situation. Do not interpret these behaviors as deceit or disrespect.
- Because of the difference in their social understanding, persons with autism may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence. Do not assume!

Sensory and Behavior:

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with the individual.
- Avoid touching the person, and if necessary, gesture or slowly guide the person.
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, avoid stopping these behaviors or removing the object unless there is risk to self or others.
- Make sure that the person is away from potential hazards (busy streets, etc.) because the individual may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming anyone, wait until these behaviors subside

Individuals with Multiple Chemical Sensitivities

People with chemical sensitivities people can become ill from exposure to a wide variety of chemicals at levels that others may not be able to detect. They may lose their ability to think, speak or follow directions. If a person is having difficulty in communicating or appears unusually irritable, agitated or distraught, ask the person if she/he has chemical sensitivities.

Initial Tips:

- If a person says that she or he is being made sick by an exposure, accept what the person is saying and ask what she or he needs.
- Assure the person that you understand and will work with providing care or direction. Ask the person what triggers the negative reactions (example: medications, cleaning products, perfumes, etc.).
- Do not idle ambulance or other emergency vehicle engines.
- Move the person to an area with the cleanest air possible outdoors is frequently helpful.
- Try not to use latex gloves, disinfectants, cleaners or other sprays or products near a person who has chemical sensitivities.

In a shelter:

- Assign caregivers who are not wearing perfume, cologne, aftershave or other scented products such as fabric softeners and who do not smoke.
- Avoid rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet or other recent remodeling.
- Allow a person who has chemical sensitivities to use or bring their own masks, air filters, oxygen tubing, supplements, medications, food, water, clothing and other medical supplies.

If you administer drugs:

- Administer low doses with caution.
- Use IV fluid bottled in glass without dextrose if possible.
- Capsules are generally better than tablets they have fewer binders, fillers and dyes.
- If administering anesthesia, use short-acting regional rather than general anesthesia wherever possible and try to avoid use of halogenated gas anesthetics.

Individuals who are Deaf-Blind

Individuals who are Deaf-Blind have combined hearing and vision loss. Individuals may be Deaf-Blind, deaf with low vision, or hard of hearing with any kind of vision loss.

- Let the person know you are there by simple touch on the shoulder or arm.
- Avoid bright/glaring and loud environments.
- Identify yourself.
- Communicate directly with the person, even when using an interpreter.
- Do not assume the person knows where she or he is or what is going on.
 Share as much information as possible.
- Always tell the person when you are leaving, even if it is for a brief period of time. Leave the person as comfortable and safe as possible. It is good to offer a chair, table, or wall for an anchor.
- When guiding the person, never place him/her ahead of you. Allow the person to hold your arm above the elbow. It is rarely necessary to "help" the deaf-blind person sit down or climb stairs; placing their hand on a chair or banister will give them the information they need.

Communication:

People who are deaf-blind sometimes have usable speech, vision and/or hearing. Determine if the individual can effectively communicate via speech, American Sign Language (ASL), finger spelling, writing with a dark pen, computer or assistive communication device or print-on-palm. If a citizen who is deaf-blind indicates that they are in need of Sign Language assistance for effective communication, attempt to determine which sign language modes used by people who are deaf-blind provide for their needs. Coordinate with Interpreter providers to ensure that Interpreters with the appropriate skills are requested.

Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults Contact List

American Red Cross of Georgia:

Phone: 1(866) RC-HELPS (1-866-724-3577) to reach your local chapter, Web site: www.redcross.org, select "Disaster Services" then "Be Prepared"

Atlanta Area School for the Deaf: Phone: (404) 296-7101, TTY: (404) 296-6626, Fax: (404) 299-4485,

Website: www.aasdweb.com

Center for Advanced Communications Policy-Georgia Institute of Technology:

Phone: (404) 385-4614, Fax: (404) 385-0269, Website: www.cacp.gatech.edu/

Dekalb County Emergency Management Agency:

Phone: 770-270-0413, Website: http://web.co.dekalb.ga.us/dk police/pol-dema.html

Georgia Department of Human Services, Division of Aging Services:

Phone: 1(866) 55-AGING (552-4464), Fax: (404) 657-5285, Website: http://aging.dhr.georgia.gov

Georgia Department of Human Services, Office of Facilities and Support Services:

Phone: 404-651-6316, Website: http://dhs.georgia.gove/office-facilities-support-services

Federal Emergency Management Agency:

Phone: 770.220.5200, Fax: 770.220.5230, Website: www.fema.gov

Friends of Disabled Adults and Children:

Phone: (770) 491-9014, Toll free: 1-866-977-1204, Fax: (770) 491-0026, Website: www.fodac.org

GACHI- Serving the Deaf and Hard of Hearing:

Video Phone: (886) 250-8711, Voice/TTY: (404) 292-5312,

Voice/TTY Toll Free: (800) 541-0710, Fax: (404) 299-3642, Website: www.gachi.org

Georgia Advocacy Office:

Phone: (404) 885-1234 or Voice or TDD: 1(800) 537-2329, Fax: (404) 378-0031, Website: www.thegao.org

Georgia Association of the Deaf:

Website: www.gadeaf.org

Georgia Department of Behavioral Health and Developmental Disabilities:

Phone: (404) 657-2258, Fax: (404) 657-1137, Website: www.dbhdd.georgia.gov

Georgia Department of Public Health, Division of Health Protection, Emergency Preparedness and Response:

Phone: (404) 657-2700, Fax: (404) 463-5395, Website: www.health.state.ga.us

Georgia Emergency Management Agency:

Phone: (404) 635-7000 or 1(800) TRY-GEMA (in Georgia only), Fax: (404) 635-7005.

Website: www.gema.ga.gov / www.ready.ga.gov

Georgia Radio Reading Service:

Phone: (404) 685-2820, Toll Free (800) 672-6173, Fax: (404) 685-2821, Website: www.garrs.net

Georgia State Financing and Investment Commission -State ADA Coordinator's Office:

Phone: (404) 657-7313, TTY: (404) 657-9993, Fax: (404) 463-5650, Website: www.ada.georgia.gov

Gwinnett Coalition for Health and Human Services, Emergency Preparedness Committee:

Phone: 770-995-3339, Fax: 770-995-1832, Website: www.gwinnettcoalition.org

Gwinnett, Newton, Rockdale County Health Departments:

Phone: (770) 339.4260, Fax: (770) 339.2334, Website: www.gnrhealth.com

Southeast ADA Center:

Toll Free Phone (Voice/TTY): (800) 949-4232, Phone (Voice/TTY) (404) 541-9001, Fax: (404) 541-9002, Website: www.adasoutheast.org

Tools For Life-The Alternative Media Access Network, Georgia Institute of Technology Enterprise Innovation Institute:

Phone: (404) 894-0541, Toll Free: (800) 497-8665, Fax: (404) 894-8323 Website: www.gatfl.org



This guide is available for download on the State ADA Coordinator's website at: www.ada.georgia.gov

4. People with cognitive disabilities:

- Has the person practiced how to communicate his/her needs?
- Has the person thought about how he/ she may react in an emergency and how he/she will cope?
- How does the person communicate their needs?
- Will an emergency affect this person's ability to communicate?
- Does the person have an emergency health information plan which explains how people can best help him/her?

5. People with mobility impairments:

- Can the person evacuate independently from the site?
- Can the person give quick instructions on how to be safely carried?
- Is there an alternative lightweight device that he/she can use if the wheelchair, respirator or other power device cannot be evacuated?

6. People with mental illness:

- What might a rescuer need to know about this person's disability?
- Is it written down for quick reference?
 (e.g., I have a panic disorder, medication is located in my purse)

7. People who use assistive devices and service animals:

- What will it take to get the assistive device out of the building?
- Has a support team been told how to operate and safely move the equipment and the person if necessary?
- Service animals must be in a harness or on a leash, but need not be muzzled.

8. People with multiple chemical sensitivities (Respiratory/Allergies):

- Are there backup batteries for oxygen?
 Can they be easily accessed?
- Are there backup inhalers, respirators or masks?

Emergency Preparedness Resources

Ready.Georgia (www.ready.ga.gov)
A user-friendly State website which helps individuals to prepare for emergencies and provides information and links to other community resources. The online Ready Profile helps you create a Customized Emergency Plan online which will include a checklist of items you will need following a large-scale emergency along with a Communications Plan.

Also at the www.ready.ga.gov website:

- · A list of General Emergency Supplies
- · How to develop your Family Emergency Plan
- A list of Emergency Management Agency Contacts within your Community
- Local Emergency Management Links:
 Citizen Corps Councils, Georgia Community
 Emergency Response Teams (CERTS), Georgia
 Medical Reserve Teams, Volunteer in Police
 Services Programs in Georgia, Neighborhood
 Watch Programs in Georgia

Prepared by the Georgia Coalition for Emergency Preparedness for Individuals with Disabilities and Elderly Persons, 2009

- American Red Cross Atlanta
- Brain and Spinal Cord Injury Trust Fund
- · DBTAC: Southeast ADA Center
- · Disability Resource Group
- · Emory Center for Public Health Preparedness
- · Georgia Advocacy Office
- Georgia Department of Behavioral Health and Developmental Disabilities
- · Georgia Department of Community Health
- · Georgia Department of Human Services
- Georgia Emergency Management Agency
- Georgia State Financing & Investment Commission – State ADA Coordinator's Office
- Governor's Council on Developmental Disabilities
- Statewide Independent Living Council
- Tools for Life Georgia Department of Labor

For additional copies of this brochure or to order brochures in alternative formats, contact the State ADA Coordinator's Office.

270 Washington Street, 2nd Floor, Suite 2140 Atlanta, Georgia 30334-9007

Phone: 404-657-7313

Fax: 404-463-5650 TTY: 404-657-9993

E-Mail: gaada@gsfic.ga.gov www.ada.georgia.gov

Georgia's Emergency Preparedness

For Individuals with Disabilities and Elderly Persons



Do you know what to do if there is a flood, hurricane, or tornado?

Where will you go if you have to leave your home?

Plan NOW for what to do in an emergency!

If you know what to do & where you will go, you will be ready if there is an emergency.



Things to Think About Before an Emergency!

In An Emergency, Things That You Need May Not Work

- 1. Your cell phone or your communication device may stop working.
 - Is there another way you can communicate?
 - · What will you need to take with you?
- 2. It may be hard to get more of your medications.
 - Can you get an emergency supply that you can take with you?
- 3. Can you get into and use the shelters near vour home?
 - · Check to see if they have accessible doors and bathrooms that you can use.
- 4. What help do you need in an emergency?
 - Do you need someone to come and help you?
 - Do the police and firefighters know you will need help?
- 5. Who are some people you know that will come help you? Make a list. Be sure they know you need their help.
 - Family members
 - Friends
 - Neighbors

Some Types of Emergencies

When we think about emergencies, we think of the "big" ones, like tornadoes, hurricanes, floods, or earthquakes. But there are other kinds of emergencies that can happen, too.

Some of these are:

- No electricity for a long time
- No water for a long time
- Very hot or very cold weather
- Explosions (including chemical explosions)
- Train accidents · House fires
- Wildfires

Your emergency plan should include these emergencies, too. Think about what you will do in each type of emergency. Will you stay in your home? Will you go to a shelter? Will you go to the home of a family member or friend? How will you get there? Be sure you, your family and friends, and support staff know what to do in each type of emergency.

Get Ready for An Emergency

Make two emergency kits. Make one for your home. Make another one for your car. Your emergency kits should have:

- 1. Special Equipment and Supplies: Batteries for your wheelchair, hearing aids, or assistive devices.
- 2. **Medication:** An emergency supply of all your medication.
- 3. Medication List: The name and dosage of each medication; name, address and phone number of doctors and pharmacist; how often you take each one; how you take it—with or without food.
- 4. Medical Records: Ask your doctor for copies of your medical information.
- 5. Contact Information: Names of family members, their phone numbers and addresses; names of support staff, their phone numbers and agency; names of friends and neighbors and their phone numbers.

6. Communications Plan: How will you get information about an emergency? TV? Radio? Friends? How will you get information if there is no electricity? If your phone is not working? You may want to buy an emergency weather radio.

Things to Consider in Emergency **Preparedness for Persons** with Specific Needs

Support systems that a person normally relies upon may be unavailable. There are many things that you, a caregiver or staff person, may need to consider when making an emergency plan for someone with a specific need.

- 1. People who are blind or visually impaired:
 - Does the person rely on sound clues to move around? If the electricity is out, these may be missing.
 - Are there signs in Braille that designate exits, direction, including floor levels?
- 2. People who are deaf or hard of hearing:
 - Do emergency alarm systems have audible and visible features? Do they have backup batteries?
 - How does the person communicate if there is no interpreter?
 - · Does their emergency kit include pen and paper?
- 3. People with speech or language impairments:
 - How will the person communicate without his/her usual communication device?

Prepare

- Make a list of the AT that is critical to support your physical well-being and ability to communicate during an emergency.
- Contact Georgia's Assistive Technology Act Program, <u>Tools for Life/Pass It On Center</u> (both at 404-894-0541 or 800-497-8665) to learn about obtaining previously owned equipment for free or low cost.
- > You may choose to store backup equipment at another location.
- > Teach others in your support network how to use AT and have instructions for use readily available.
- ➤ Keep charged batteries and backup batteries for critical AT. You may want to keep an extra cord for charging AT devices.
- Develop plans for someone to notify you of an emergency situation.
- ➤ Have a corded landline telephone that is NOT dependent on electricity to work. In some emergency situations, cell towers are down or overloaded, and a phone attached directly to a landline can be used in the event of a power outage.
- Plan for the evacuation of AT, if possible.
- Remember to take chargers and other AT components with you.
- ➤ Remember the importance of homeowner's, renter's, and flood insurance before the need arises. Since homeowner's insurance does not cover damage caused by ground water, flood insurance may be needed to replace AT damaged in a disaster. When determining the replacement value of your home or vehicle, be sure to factor in the cost of home and vehicle modifications.
- > Plan for the possible need to evacuate your home and do an assessment of the AT you use.

Consider AT devices that are:

- Electricity dependent
- Used for transportation



Plan

- Do you need AT to alert you to a disaster at work and to the need to evacuate your building?
- Know the evacuation procedures at your workplace. How will a disaster impact your ability to leave the building safely?
- Is there an evacuation plan for employees who cannot use the stairs?
- Is there a designated place to wait for help? How will first responders be notified where you will be waiting?
- Is there a working AT device or system available to assist you to evacuate (flashing lights, vibrators, etc.)? If so, be aware of the location and determine if it is easily accessible. If not, request that the AT be purchased.
- Be responsible for your own safety.
- Develop your own evacuation and support system.
- Do not depend on just one person to assist you. Create a support network to ensure your assistance will be available.

Stay Informed

- Learn about the types of hazards that may impact your community. Check with your local Emergency Management Office (www.gema.ga.gov).
- Find out what emergency plans are in place in your community, workplace, service agencies, etc. Determine whether those plans have considered your functional needs.
- Contact your local fire department and/or utility company to let them know about your specific assistive technology/access needs.
- If you use a power wheelchair or scooter, if possible, use a manual wheelchair as backup. If you use a custom wheelchair that provides medical support, have information available with the chair for the first responders.
- Develop a needs list of AT devices you use every day – at home, at work and in your community – to support your physical well being and ability to communicate. Be sure to include AT needs related to: Communications, Mobility, Personal care, Meal time and Transfers

Emergency Preparedness Planning Resources

Websites & Publications

- Ready Georgia
 www.ready.ga.gov
 Georgia Emergency Management Agency
 www.gema.ga.gov
- The Georgia Advocacy Office www.thegao.org
- ADA Coordinators Office www.ada.ga.gov
- "Preparing for Disaster for People with Disabilities and Other Special Needs" www.fema.gov/pdf/library/pfd_all.pdf
- "Functional Needs of People with Disabilities: A Guide for Emergency Managers, Planners and Responders" www.nod.org/research_publications/ emergency_preparedness_materials
- Georgia's Emergency Preparedness for Individuals with Disabilities & Older Adults https://ada.ga.gov/publications-videos



Emergency Preparedness

Planning for Individuals Who Use Assistive Technology (AT)



Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults
Prepare, Plan. Stay Informed.

NOVEMBER- DECEMBER-JANUARY- WINTER WEATHER ADVISORIES

EMERGENCY PREPAREDNESS CONSIDERATIONS FOR WINTER WEATHER



While the danger from winter weather varies across the state, most Georgians are likely to face some type of severe winter weather at some point in their lives. That could mean snow or subfreezing temperatures, as well as strong winds or even ice or heavy rain storms. Winter storms, which often affect North Georgia, result in extreme cold, downed power lines and blocked roads and highways.

PREPARE

- Make sure your home is well insulated and that you have weather stripping around your doors and window sills to keep the warm air inside.
- Familiarize yourself with the terms that are used to identify winter weather.
- Include adequate clothing and blankets in your Ready kit to keep you warm.
- Allow faucets to drip a little during cold weather to avoid freezing.
- Open cabinet doors to allow heat to get to uninsulated pipes under sinks and appliances near exterior walls.
- Fully winterize your vehicle and keep your gas tank at least half full to avoid ice in the tank and fuel lines

PLAN

- Plan to stay inside and make it on your own, at least for a period of time.
- If you have a wood burning fireplace, consider storing wood to keep you warm if winter weather knocks out your heat.

STAY INFORMED

- Listen to NOAA Weather Radio to stay informed of winter weather watches and warnings.
- Also monitor commercial radio, television and the Internet.
- Keep in mind that during a severe winter storm it could be hours, or even days, before emergency personnel are able to reach you.

ADDITIONAL CONSIDERATIONS

- Do you use communication devices?
- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a



- regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, **go to**: www.ready.gov or www.nod.org for more information.

GEORGIA HISTORY

SEVERE WINTER WEATHER ADVISORIES

January 2000

A winter storm in January 2000 affected almost every North Georgia County as thousands of fans were arriving in Atlanta for Super Bowl Sunday.

January 2010

Georgia experienced a major winter storm with accumulation of several inches of snow and ice between Jan. 9 and 11 across the central and northern parts of the state. The incident occurred during the inauguration of Governor Elect Deal on Jan. 10, resulting in the cancellation of related events. Most school districts, including private and public colleges in central and north Georgia closed. Metro Atlanta came to a near standstill. State of Emergency Declared.

- www.gema.ga.gov
- www.fema.ga.gov
- www.gachi.org
- http://ada.georgia.gov
- www.nod.org



FEBRUARY-MARCH-APRIL-SEVERE WEATHER AWARENESS

EMERGENCY PREPAREDNESS CONSIDERATIONS FOR TORNADOES



Tornadoes are nature's **most** violent storms. They can appear without warning and be invisible until dust and debris are picked up or a funnel cloud appears. Be prepared to act quickly. Planning and practicing specifically how and where you take shelter is a matter of survival. Tornadoes can occur at any time of the year, making advance preparation vitally important.

PREPARE

- Familiarize yourself with the terms that are used to identify a tornado hazard. A tornado watch means a tornado is possible in your area. A tornado warning means a tornado has been spotted in your area, and you need to take shelter immediately.
- Determine in advance where you will take shelter in case of a tornado warning. Storm cellars or basements provide the best protection.
- If underground shelter is not available, go into an interior room or hallway on the lowest floor possible.
- In a high-rise building, go to a small interior room or hallway on the lowest floor possible.
- Stay away from windows, doors and outside walls. Go to the center of the room. Stay away from corners because they attract debris.
- A vehicle, trailer or mobile home does not provide good protection. Plan to go quickly to a building with a strong foundation, if possible.
- If shelter is not available, lie flat in a ditch or other low-lying area. Do not get under an overpass or bridge. You are safer in a low, flat location.

PLAN

- If local authorities issue a tornado warning or if you see a funnel cloud, take shelter immediately.
- Stay in the shelter location until the danger has passed.



STAY INFORMED

Local authorities may not immediately be able to provide information on what is happening and what you should do.

However, you should listen to NOAA
Weather Radio, watch
TV, listen to the radio or check the Internet often for official news and instructions as they become available.



- After a tornado, be sure to remain out of damaged buildings and stay clear of downed power lines.
- Help injured or trapped people. Check on others who may require special assistance, such as the elderly, children and people with disabilities.

ADDITIONAL CONSIDERATIONS

- Do you use communication devices?
- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, go to: www.ready.gov or www.nod.org for more information.

SPECIAL EVENTS

Severe Weather Awareness Week for the state of Georgia occurs within the first or second week of February. Topics to be covered include: Family Preparedness, Thunderstorm Safety, Tornado Safety (Statewide Tornado Drill), Lightning Safety and Flooding.

- www.ready.ga.gov
- www.gema.ga.gov
- www.fema.ga.gov
- www.gachi.org
- http://ada.georgia.gov
- www.nod.org



HURRICANE SEASON (JUNE 1-NOVEMBER 30)

EMERGENCY PREPAREDNESS CONSIDERATIONS FOR HURRICANES



PREPARE

- Get a kit of emergency supplies and prepare a portable Ready kit in case you have to evacuate.
- Familiarize yourself with the terms that are used to identify a hurricane. A hurricane watch means a hurricane is possible in your area. Be prepared to evacuate. A hurricane warning means a hurricane is expected in your area. If local authorities advise you to evacuate, leave immediately.
- Prepare to secure your property.
- Cover all of your home's windows with pre-cut ply wood or hurricane shutters to protect your windows from high winds.
- Plan to bring in all outdoor furniture, decorations, garbage cans and anything else that is not tied down.
- Keep all trees and shrubs well-trimmed.
- If you have a car, fill the gas tank in case you have to evacuate.

PLAN

- Plan how you will leave and where you will go if you are advised to evacuate.
- Information on Georgia evacuation routes may be found at Georgia Navigator. Download the Georgia Department of Transportation's Hurricane Season Safety Information brochure and print a copy for your evacuation Ready kit. Use it as a reference for traffic procedures and information in the event of an evacuation.
- Identify several places you could go in an emergency: a friend's home in another town or a motel. For more information about public shelters in your community, contact your local emergency management agency.
- Be familiar with alternate routes and other means of transportation out of your area.
- If you are not able to evacuate, stay indoors away from all windows. Take shelter in an interior room with no windows if possible. Stay in your shelter until local authorities say it is safe.

STAY INFORMED

- Local authorities may not immediately be able to provide information on what is happening and what you should do.
- Stay out of flood waters, if possible. The water may be contaminated or electrically charged.
- Be alert for tornadoes and flooding. Stay away from downed power lines to avoid the risk of electric shock or electrocution.

ADDITIONAL CONSIDERATIONS

- Identify your Resources-Make a list of family, friends, co-workers, personal attendants, service providers, and others who can be part of your plan. Include people both in and outside of your immediate neighborhood or community, like a relative in another state. Talk to these people and ask them to be part of your support network.
- If you use telecommunications relay services, look into back-up options in case relay services fail: dialing 711 (nationwide), CapTel (captioned telephone), Internet-based relay (through computer, text pager, PDA, etc.), and video relay services (through broadband).
- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, go to: www.ready.gov or www.nod.org for more information.

- www.gema.ga.gov
- www.fema.ga.gov
- www.gachi.org
- http://ada.georgia.gov
- www.garrsinfo@gpb.org
- http://www.nhc.noaa.gov/prepare/.

JUNE, JULY, AUGUST

EMERGENCY PREPAREDNESS CONSIDERATIONS FOR EXTREME HEAT



In Georgia, it is not unusual for temperatures to soar into the 90s. In a normal year, approximately 175 Americans succumb to the demands of summer heat. Only the cold of winter – not lightning, hurricanes, tornadoes, floods, or earthquakes – takes a greater toll. Humid or muggy conditions can add to the discomfort of high temperatures. A heat wave combined with a drought is a very dangerous situation.

PREPARE

- Check to see if your home's cooling system is working properly.
- Make sure your home is well insulated and that you have weather stripping around your doors and window sills to keep the cool air inside.
- Install window air conditioners snugly; insulate if necessary.
- Check air-conditioning ducts for proper insulation.
- Install temporary window reflectors (for use between windows and drapes), such as aluminum foil-covered cardboard, to reflect heat back outside, and weather-strip doors and sills to keep cool air in.
- Cover windows that receive morning or afternoon sun with drapes, shades, awnings, or louvers. (Outdoor awnings or louvers can reduce the heat that enters a home by up to 80 percent.)
- Keep storm windows up all year.

PLAN

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor out of the sunshine if air conditioning is not available.
- Spend more time in air-conditioned places. Air conditioning in homes and other buildings markedly reduces danger from the heat.
- Eat well-balanced, light, and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. People with epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Limit intake of alcoholic beverages.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.

ADDITIONAL CONSIDERATIONS

- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, go to: www.ready.gov or www.nod.org for more information.

STAY INFORMED

- Learn about the types of medical conditions that can result from heat waves, and the proper first aid measures that should be taken. Heat exhaustion symptoms are heavy sweating, weakness, cold, pale and clammy skin, a thready pulse, and possible fainting and vomiting. Heat stroke is a severe medical emergency that occurs when the body temperature reaches 106° F. or higher. Symptoms include hot dry skin, rapid and strong pulse, and possible unconsciousness. Summon immediate emergency medical assistance.
- Closely monitor a local radio station, TV station or NOAA Weather Radio for the latest information.

- www.ready.ga.gov
- www.gema.ga.gov
- http://ada.georgia.gov
- www.nod.org



THE GREAT SOUTHEAST SHAKEOUT-OCTOBER 18, 2012

EMERGENCY PREPAREDNESS CONSIDERATIONS FOR EARTHQUAKES



BEFORE AN EARTHQUAKE

- Develop a Disaster Plan.
- Secure cabinets, bookcases and mirrors to wall studs. Avoid installing bookcases next to beds, since heavily loaded structures could fall causing significant injury or death.
- Do NOT hang pictures over the bed.
- Strap any gas or electric water heater to wall studs. A broken gas line can cause a fire, while a knocked over or ruptured tank could cause damage or scalding.
- Store hazardous or flammable materials safely. If a container of flammable liquid spills during an earthquake, any source of flame may ignite the fluid and start a fire.
- Be prepared for 3-days of self-sufficiency. This is also good preparation for inclement weather and other disasters. Have on hand a flashlight, portable radio, first aid kits, fire extinguisher and water for 3 days.
- ❖ Bolt house to foundation if possible. Houses in the southeast are built to stand-upright, and may not withstand shaking.

DURING AN EARTHQUAKE

- Drop to the ground fast, otherwise the earthquake shaking may knock you down uncontrollably.
- Cover yourself below a strong table or desk. Falling objects and collapsing structures cause many of the injuries and deaths during an earthquake. Additionally, cover your head and face to protect them from broken glass and falling objects.
- Hold onto the table or desk and be prepared to move with it. Holding your position until the shaking stops.
- Do NOT run outside during the shaking or use the stairways or elevators. The entrance ways of buildings and homes are particularly dangerous because of falling bricks and debris.

AFTER AN EARTHQUAKE

- When tremors STOP, vacate premises immediately until it is safe to return.
- Look for and eliminate fire hazards that can cause further damage.
- Follow your disaster plan to locate and communicate with family and loved ones.
- Check your building for cracks and structural damage.
- Take photos to record damage before you clean up or make repairs.
- Review your insurance coverage and report claims promptly.

ADDITIONAL CONSIDERATIONS

- Do you use communication devices?
- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, go to: www.ready.gov or www.nod.org for more information.

GREAT AMERICAN SHAKEOUT

At 10:18 a.m. on October 18, more than 1.5 million residents across six states will "Drop, Cover and Hold On" while participating in **The Great SouthEast ShakeOut**, the first earthquake drill ever organized in the region. For more information, go to: www.shakeout.org/southeast/

- www.shakeout.org/southeast/
- www.gema.ga.gov
- www.fema.ga.gov
- www.gachi.org
- http://ada.georgia.gov



GENERAL EMERGENCY PREPAREDNESS CONSIDERATIONS



You can take small steps every day to become better able to survive an emergency. Get informed, identify your resources, make a plan, and create a Ready Kit and a Go Bag. Start today! Prepare. Plan. Stay Informed.

PREPARE

- If you require help evacuating a building, create a plan with the assistance of your support network.
- Contact the safety director in buildings you visit regularly to help you identify an area where public safety officials will go to assist people during an emergency evacuation. If necessary, ask the director to consider purchasing evacuation assistive devices or ramps at emergency exits.
- If you require accessible transportation to evacuate an area you frequent, identify public and private resources available to you in emergency situations.

PLAN

- Create a support network; a support network consists of people who can help you develop your plan and may assist you during a disaster.
- Inform your network of where you keep your emergency supplies and give one member a key to your house or apartment.
- Contact your city or county government's emergency information management office. Many local offices keep lists of people with disabilities so they can be helped quickly in a sudden emergency.
- If you are dependent on dialysis or other life-sustaining treatment, know the location and availability of more than one facility.
- Show others how to operate your wheelchair. Know the size and weight of your wheelchair, in addition to whether or not it is collapsible, in case it has to be transported.
- If you use medical equipment in your home that requires electricity, talk to your doctor or health care provider about how you can prepare for its use during a power outage.
- Wear medical alert tags or bracelets. If you have a communication need, make sure your emergency information notes the best way to communicate with you.

STAY INFORMED

- Learn about the types of hazards that may impact your community. Check with your local Emergency Management Office (www.gema.ga.gov)
- Find out what emergency plans are in place in your community, workplace, service agencies, etc.
 Determine whether those plans have considered your functional needs.
- Identify the plan for notifying people when a disaster may be on its way or actually occurring.
- Consider how a disaster might affect your daily routines. Make a list of your specific needs before, during, and after a disaster.

ADDITIONAL CONSIDERATIONS

- Do you use communication devices?
- Do you depend on accessible transportation to get to work or to other places in your community?
- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you need assistance with personal care?
- Do you rely on electrical equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane, or a wheelchair?
- Do you have a service animal?

If you answered **YES** to any of these questions, go to: www.ready.gov or www.nod.org for more information.

SPECIAL EVENTS

September is National Preparedness Month. Preparedness Month encourages Americans to take simple steps to prepare for emergencies in their homes, businesses, schools, and communities. FEMA's Ready Campaign educates and empowers Americans to prepare for, and respond to emergencies, including natural disasters and potential terrorist attacks.

- www.gema.ga.gov
- www.fema.ga.gov
- www.gachi.org
- http://ada.georgia.gov
- www.garrsinfo@gpb.org



GET READY TOOL KIT INSTRUCTIONS



The Get Ready Tool Kit is designed to help you get organized for any **emergency**. It consists of two parts:

Part 1: Household Emergency Plan (the "Plan")

The Plan is the document on which to record all your health information so that when an emergency happens you have all the information you need in one place to grab and go. It is suggested that the Plan is reviewed at least

Mark your
Calendar!
Review and update the
Plan, Checklist and
Supplies in your
emergency kit at least
twice a year.

twice a year or anytime something with your medical condition(s) or medication(s) changes (use pencil so that changes can be made easily). Whenever changes are made, change the date on the top right corner so emergency workers will know that the Plan's information is current.

Part 2: Emergency Plan Checklist (the "Checklist")

Complete this Checklist and store it with your emergency supplies. The Checklist has two sections:

Section 1: Basic Emergency Supplies: An important part of all emergency plans are the basic supplies household members will need during an emergency when sheltering in place or evacuating. This document includes a list of items to include in your emergency kit.

- If you can not afford to buy all the suggested items at once, create a plan for buying one or two items at a time as your budget allows.
- Review the supplies at least twice a year, rotate items that may expire into regular use and replace the items in the kit.
- Those with specific needs beyond the basics should consider adding other items that may be useful, including backup supplies of new medications.

Section 2: Supplemental Steps to an Effective Plan for individuals with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or steps that you should add to enhance your Household Emergency Plan.

Personal Support Networks: Everyone needs help sometimes. If you will need extra help during a disaster to evacuate or shelter in place safely, act now to develop a strong Personal Support Network. This network can include family, friends, neighbors, roommates, and co-workers. Follow these steps for preparing your network:

- 1. Include your Personal Support Network in the discussion when you create (and update) your Household Emergency Plan. Be sure everyone gets a copy of the Plan.
- If you live alone and a community wide emergency occurs, ask one or more of the
 people in your network to contact you immediately in order to check on your situation.
 (Remember, because of the emergency, some of them may not be able to help as
 planned.)
- 3. Members of your network should have a system in place for contacting each other.
- 4. If you have medical equipment that your Personal Support network will need to operate manually in an emergency, make sure they know how and are able to do so. Do a practice run.

GET READY TOOL KIT INSTRUCTIONS



Completing Your Household Emergency Plan:

The Household Emergency Plan will help you be ready for a medical emergency or unexpected disaster such as a fire, tornado, or flood, where you would have to evacuate (leave home) suddenly. This Plan works together with the Emergency Plan Checklist to provide the important information that will help you and your Support Network when there is an emergency.

Your Plan should be kept where you and emergency workers can get to it easily. If a

relative or neighbor had to call a rescue squad to help you, the information your rescuers would need is then immediately at hand.

The Plan has three basic parts:

- The Household Overview shows your address and lists the members of your household, as well as the people to contact if there is an emergency.
- The Health Brief section should have a page for each member of your household.
- The **Disaster Plan** outlines decisions you have already made for your household in the event you need to evacuate.

Household Overview

Step 1: Use a pencil to write today's date in the top right corner; this way you can simply erase it when you update the Plan.

Step 2: Print your address clearly in the space near the top of the first page.

Step 3: Insert the phone numbers for Emergency (usually 911) and direct phone numbers for your local Fire & Rescue, Police, and Hospital. Also write down a local radio station (such as 111.9 FM) where your city's government or weather service will give updates during an emergency.

Step 4: Complete the section entitled "Members of household." List the full name and year of birth of every member of your household. For each member, list their cell or work phone number. For children in school, list the number of their school office. This information is important for first responders to use to communicate with all the members of the household when an emergency occurs.

Please note: Every person listed in this box should have a Health Brief page included in this booklet. Some households that have large families or individuals with several health issues may need to complete more than one Household Emergency Plan booklet. If you need to do this, write "Book 1 of 2" and "Book 2 of 2" at the top left on each booklet's first page so that rescuers realize there is more information for this household.

Step 5: Complete the section entitled "Important contacts for evacuation or medical emergencies." Record the important numbers that you and your Network need if you must leave home in an emergency or be taken to a hospital. This list should include:

- Your family's primary care physician and/or your pharmacist
- At least two individuals who will serve as the "in case of emergency", or ICE, contacts when other members of the household cannot be reached

GET READY TOOL KIT INSTRUCTIONS



If a disaster takes down local phone lines, texts and/or calls made to people outside the immediate area may actually connect more easily than calls made to people across the street from you, so at least one of your ICE contacts should be located out of town. If your family becomes separated during a disaster, these contacts may also be able to deliver messages to other family members until you are reunited. Mark the ICE column next to the names of these contacts.

EXAMPLE

ICE*	Name	Relationship	<u></u>
✓	Joe Johnson	Father	Ex-spouse shares child custody
	Claire Miller	Babysitter	Neighbor will provide emergency childcare
✓	Penelope Green	Aunt	Aunt in Topeka is nearest relative out of town
	Michael Goldstein	Neighbor	Neighbor will help with Granddad's wheelchair
	Dr. Barnaby Ambrose	Primary MD	A physician oversees the family's health
	Medicine-by-Mail	Pharmacy	Prescriptions may need forwarding

Health Brief

<u>Step 6</u>: Complete a Health Brief for each member of the household. This information can help family members describe a person's medical history to rescuers or, during an evacuation, it can help rescuers understand how to treat a medical condition or disability.

Start by writing the person's full name and year of birth at the top of the page.

Consider attaching a photo of each family member to his or her Health Brief, especially if you are concerned about becoming separated from a child or a loved one who has a disability.

Tip

Then record the current health conditions & recent history. Use the checkboxes or the other current health conditions section to list conditions that are most important to know about in an emergency. Some examples include heart problems, diabetes, specific bleeding disorders, Alzheimer's, emphysema, hepatitis (including type), kidney problems and low blood pressure.

Tip

You may ask your doctor, nurse, or pharmacist to help you complete the **Medication** section, to make sure the instructions and dosages are correct. Make sure it is easy to read.

Use a pencil to fill out the Medication chart so the plan may be easily updated.

Someone who uses many medications or has complex health issues may need to complete a second page. In that case, write "Page 1 of 2" and "Page 2 of 2" on the pages, above the year of birth at the top right of the page.

GET READY TOOL KIT INSTRUCTIONS



The *Important information* section should include details that will be useful for rescuers to know. Examples include:

- Hospitalizations and surgeries
- Specific language (if other than English)
- · Allergies to medications or latex, including known drug reactions
- Food and environmental allergies (including insect stings)
- Blood type, if known
- Reliance on a service animal
- Name, style, and serial number of medical equipment or assistive devices
- Information about physical disabilities, including speech, hearing, and vision loss
- Religion (and contact number for pastor, priest, rabbi, etc.)

Specialists and other health service resources. Be sure to include any specialist or clinic that you would need to contact if you were relocated to a shelter, a hospital, or the home of a friend:

- For someone who is in counseling—the therapist
- For someone who requires medical oxygen—the company that delivers the supply
- For someone who uses medical transport—the ambulance service

Family Disaster Plan

<u>Step 7</u>: Create a Family Disaster Plan and include in the plan where your family will gather if you become separated. Choose a place some distance away where the household can go if you need to evacuate. Pick a hotel or talk to other family members and friends about staying with them. Be sure to consider your pets or service animals when choosing a place.

Neighborhood meeting place. In a fire or other local emergency, this is the neighborhood place (within a mile or so of home) where your family will meet or reunite.

Meeting place beyond neighborhood. In a more serious situation, such as a large flood, this is where the family will meet. It should be at least 3, but usually no more than 25, miles from the home address.

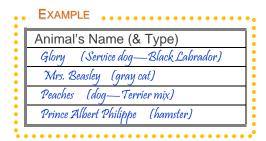
Evacuation priorities. Sometimes you get advance warning that you will need to evacuate—such as when a neighbor's home is on fire. If you have some time to gather things you don't want to leave behind, make a note here of the "extra" things you want to pack. Examples might be your reading glasses, your migraine medication, your child's security blanket, a dehumidifier for your hearing aid.

Temporary caregivers for our pets and service animals. In this section, list names and contact information for two emergency caregivers for your pets. *Before you add this information to your Plan, you must speak to these caregivers to make sure they agree to care for your pets.* Once they agree, talk to them *at least* once a year in order to check your Plan.

Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults

GET READY TOOL KIT INSTRUCTIONS

Write out the care instructions for your pets or service animals and give the caregivers copies. Store the original instructions near the pet food in your home.



Complete this section of the Disaster Plan for all of the animals in your household, in case they must be removed by rescuers. Rescue workers will need to know what type of animal they are looking for, so add that description in parentheses after each animal's name. Be sure to clearly identify service animals trained to assist with a disability.

Prepare. Plan. Stay Informed.

If your pet has a microchip, your contact information, as well as the information for the alternate contacts you chose, is on file where the microchip is registered. <u>Make sure the registry's records (phone numbers for you and your alternates) are current.</u> If you do not know how to reach your registry, go to www.petmicrochiplookup.com and enter the microchip number.

Evacuation	priorities:				
Temporary	caregivers for	our pets and	service animals:		
1 ST CHOICE					
Name:			Phone:		
Address: _					
2 ND CHOICE					
Name:			Phone:		
Address:					
ocation of	care instructio	ns:			
		-	Phone:		
Address:					
Animal's N	lame (& Type))	Microchip	ID	~ Age
	()1 /		'		
Paperwork.					

Part 1: Household Emergency Plan

Last updated (use pencil)

Emergency Numbers:		Georgia Emergency Preparedness Coalition	
Poison Control	1-800-222-1222	for Individuals with Disabilities & Older Adults Prepare. Plan. Stay Informed.	
Fire & Rescue			
Police		Home address is:	
Hospital			
	АМ		
Local Radio	<u>FM</u>		
Maruhana of	1 1 1.1.		

Members of household:

Name	Year	(or School Office)

Important contacts for evacuation or medical emergencies:

ICE ³	Name	Relationship	Phone

^{*}Mark the ICE column if the person is an ICE ("In Case of Emergency") contact. Household members may also call this person if separated during a disaster. Make sure at least of the ICE contacts lives out of town and can receive a text on their phone.

Name			Birth Year	
Current health conditions & rec	ent history	; :		
Cancer Hepatitis Diabetes High BP	_ ∏Ki ∏Pa	dney Problem	Seizures Stroke Tuberculosis	
(use pencil)				
Medication	Dosage	Frequency	Condition	
Important information (allergies	ortant information (allergies/drug reactions, hospitalizations, etc.):			
Specialists and other health ser	vice resour	ces:		
Name	1	1	Phone	
	Current health conditions & red Asthma	Current health conditions & recent history Asthma	Current health conditions & recent history: Asthma	

	Name			Birth Year
	Current health conditions & re	cent histor	y:	
	Asthma Heart Dise Cancer Hepatitis Diabetes High BP Other current health conditions	⊟ □r	IIV+ / AIDS (idney Problem Pacemaker	Seizures Stroke Tuberculosis
1	(use pencil)			
1	Medication	Dosage	Frequency	Condition
1				
'				
3				
₹				
	Important information (allergies	s/drug read	ctions, hospita	lizations, etc.):
•				
	Specialists and other health ser	vice resout	rces:	
	Name	R	esource Type	Phone
	-			



If you cannot afford to buy all

the suggested items at once, create a plan for buying one

or two items at a time as your

budget allows.

aiT

An important part of preparedness is having a supply of items your household will need during a disaster. Use the following steps in the checklist to help you prepare your household's emergency kit. Emergency supplies should be ready to use at home or take with you if you evacuate. Put the supplies in a waterproof container to keep them clean and dry.

- Step 1: Review the *Basic Emergency Supplies* list below. If you have the item, add it to your kit, then check the item off on the list.
- Step 2: Make a list of the items you do not have and plan to purchase them as soon as possible.
- Step 3: Read through the Supplemental Steps to an

 Effective Plan for Individuals with Specific

 Functional Needs section to determine the additional steps to take for your household to prepare for an emergency. Use a highlighter to mark the sections that apply to you. Check those items off as you complete the step.
- Step 4: Place this check list in a zip lock bag and place it in your kit.
- Step 5: Place a reminder on your calendar to check the emergency kit every six months. Review the supplies at least twice a year, rotate items that may expire into regular use and replace the items in the kit. Those with specific needs beyond the basics should consider adding other items that may be useful, including backup supplies of new medications.

Section 1: Basic Emergency Supplies ☐ Water for each person (and pet) for 3 days' use (average 1 gallon/person/day) ☐ 3 days supply of food per person and animal ☐ Basic First Aid kit ☐ Disposable sanitary supplies—diapers, feminine hygiene products, toilet paper ☐ Flashlight(s) ☐ Battery-powered radio, especially an emergency weather radio ☐ Hand sanitizer and moist towelettes ☐ Extra medications, rotated into use and replaced every 6 months ☐ Toothbrush, hair brush, and other essential toiletries ☐ Emergency whistle ☐ Warm blankets, sunscreen, or other seasonal supplies ☐ Additional clean underwear and at least 1 complete change of clothes per person ☐ Local maps ☐ Charging cord for cell phone or car charger ☐ Battery charger and/or cord for wheelchair or other assistive devices

Emergency	Plan	Checklist
Page 1		





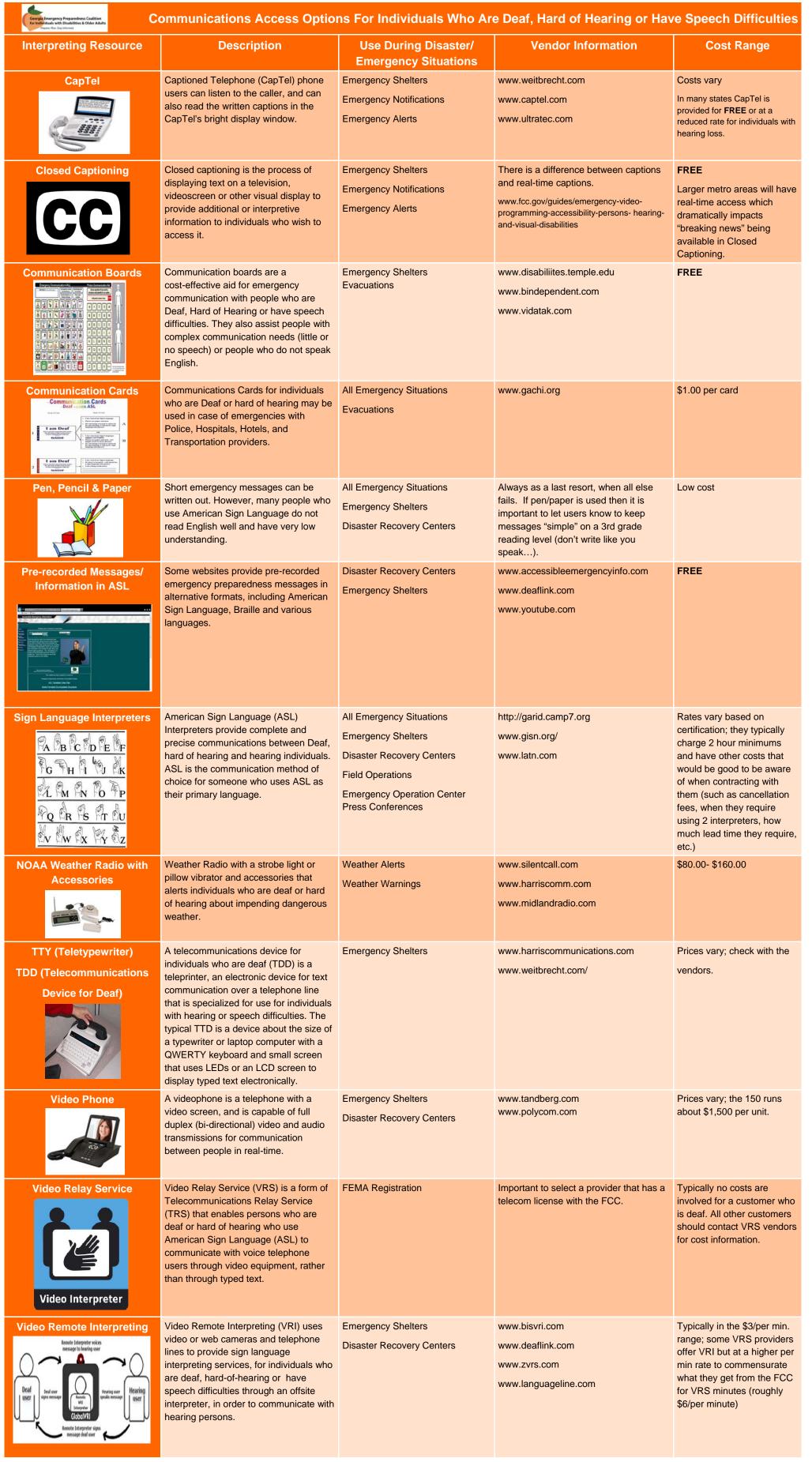
☐ Medical Power of Attorney, Living Will / Advance Directive for Health Care
 Obtain a free copy of the Georgia Advance Directive for Health Care (which includes the living will, durable power of attorney for health care, and advance directive). Either call the Georgia Division of Aging Services at 1-866-552-4464, or access the forms at http://aging.dhr.georgia.gov, under Publications > Georgia Advance Directives for Health Care.
☐ Child custody orders
☐ Restraining orders
☐ Property deeds, car titles
☐ A list of bank, investment, and credit card account numbers
☐ Birth, marriage, and death certificates
☐ A list of important online accounts and passwords
Be aware that some of these documents may be valuable to an identity thief, so take steps to keep your waterproof container secure.
Section 2: Supplemental Steps to an Effective Plan for individuals with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or steps to add to your Household Emergency Plan.
with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or
with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or steps to add to your Household Emergency Plan. For children: If you have minor children at home, speak to your children, in an age appropriate way, about the family's Plan during an emergency. Review the plan with them at least every 6 months.
with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or steps to add to your Household Emergency Plan. For children: ☐ If you have minor children at home, speak to your children, in an age appropriate way, about the family's Plan during an emergency. Review the plan with them at least every 6 months. ☐ Develop a secret codeword with your children in case you have to send someone else to pick them up. The "stranger" should use the codeword before the child gets in the car with them. ■ Role play the interaction so the child understands what to do if the stranger doesn't know the code word.
 with specific functional needs: First complete the Household Emergency Plan. Next review the following for items or steps to add to your Household Emergency Plan. For children: If you have minor children at home, speak to your children, in an age appropriate way, about the family's Plan during an emergency. Review the plan with them at least every 6 months. Develop a secret codeword with your children in case you have to send someone else to pick them up. The "stranger" should use the codeword before the child gets in the car with them. Role play the interaction so the child understands what to do if the stranger



	Place entertainment items in your emergency kit, games and activity books that do not use electricity.
To	the extent that the children are able: Know where the family will meet outside if there is a fire. Know the location where the family will gather if they become separated in a disaster. If an emergency prevents you from picking them up at school or elsewhere: They should know whom you are most likely to send in your place. They should know whom to call if their expected ride does not arrive. They should know who their caregivers would be if the family must be separated temporarily. They should be able to explain to the first responders how these caregivers may be reached.
Eff	ective Communication Tips:
	Develop a method of alternative—spoken, written, or otherwise—form of communication to use with others (strangers) i.e. paper and pen or pencil to communicate with others
	Develop a written "In Case of Emergency (ICE)" card with contact information, if the person is unable to communicate, an emergency contact person will still be contacted.
	Identify alternatives for receiving emergency warnings and special announcements TTY
	 Text messages or emails Designated friends or neighbors willing to knock on the person's door during a disaster
	Develop a Personal Support Network of friends and neighbors who have agreed to assist with evacuation.
<u>He</u>	ealth and Safety Tips:
	Mark your calendar to include every six months to review and update your Household Emergency Plan i.e. recent changes of medications and medical conditions.
	Always maintain at least a quarter of a tank of gas in your vehicle.
	Members of the household know, to the extent that they are able, the home's escape routes and/or safety zones (e.g. the safest way out of the second floor in a fire, the best place to stay during a tornado, etc.).
	Family members know multiple ways to evacuate from the house. Wherever someone may need to exit through a window, the window has been checked to ensure it can easily be opened from the inside.
	The family has practiced a fire drill within the last six months.



	Smoke and carbon monoxide alarms have been tested at least once within the past six months.
	You have planned who among your family, Personal Support Network, or other ICE contacts should have a key to your house or know the location of the spare key. Share this information wisely with those you can trust.
	Develop and record a back-up plan for an evacuation or other emergency. Include the person's caregiver or caregiver's agency along with the members of the person's Support Network in discussions about what would happen in a disaster.
	(What is your plan if the caregiver cannot get to you?) Plan multiple evacuation routes
Se	rvice Animals:
	Discuss the Plan with your emergency pet care provider(s), and make sure they have the basic pet care instructions they would need.
	If your pets have microchips, ensure that the microchip registration services have up-to-date contact information for you and your alternate contacts. See
	<u>www.petmircochiplookup.com</u> to verify where your pets are registered. Record the microchip number on the Emergency Health Plan.
	Label the carrier or crate used to transport the animal with their name and your contract information.
As	ssistive Technology:
	Purchase a power generator or backup batteries for oxygen machines, wheelchairs, or other equipment.
	Include backup supplies in your emergency kit, such as inhalers, respirators, masks batteries and dehumidifier for hearing aids
	Heavy duty gloves for use when navigating debris in a manual wheelchair or other equipment
	Check with your local power company or to see if there is a registry for priority service for those who have medical needs that require electricity.
	Every six months, you and your Personal Support Network should review your evacuation plans and practice operating and transporting your equipment; e.g. if you use a wheelchair, they should know how to collapse, lift, and transport it. Both you and the members of your support team should know how to operate backup devices. An emergency is not the time to learn how to operate a rarely used device!
	Label your assistive devices with your name and address in case you need to use public shelters or evacuation services. Extra eyeglasses even if you wear contacts.
<u></u>	Extra eyegiasses ever ii you wear contacts.
yo (El	e greater your personal needs, the more important it is to familiarize yourself with ur community's emergency plans. Some local Emergency Management Agencies MAs) keep registries of those who will need assistance with transportation or other ecial accommodation in a disaster, call your local EMA office to learn more. More ormation on creating a plan is available on www.ready.ga.gov.





Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults

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Prepare. Plan. Stay Informed.

Partner Agencies

American Red Cross of Georgia

Atlanta Area School for the Deaf

Center for Advanced
Communication Policy, Georgia
Tech

Dekalb County Emergency Management

Federal Emergency Management Agency

Friends of Disabled Adults and Children

GACHI, Serving the Deaf and Hard of Hearing

Georgia Advocacy Office

Georgia Association of the Deaf

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia Department of Human Services

Georgia Department Public Health

Georgia Emergency Management Agency

Georgia Radio Reading Service

Georgia State Financing & Investment Commission-State ADA Coordinator's Office

Gwinnett Coalition for Health and Human Services, Emergency Preparedness Committee

Gwinnett, Newton, Rockdale Public Health District

Southeast ADA Center

Tools for Life-AMAC

For more information about the Coalition, go to: http://ada.georgia.gov



The Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults (Coalition) is an ad-hoc committee and a key component in statewide emergency preparedness efforts. It consists of stakeholder agencies throughout Georgia. The mission of the coalition is to serve as a comprehensive clearinghouse between local advocacy groups serving individuals with disabilities and older adults, and state agencies responsible for emergency preparedness and response under the Georgia Emergency Operations Plan (GEOP).



2012 Committees

Functional Needs Support Services

Community Outreach

Training & Technical Assistance

Functional Resource Support Teams

Projects & Activities

- * First Responders Tips Guide: A quick reference guide that provides specific, practical tips for working with people who have a wide range of abilities.
- * Emergency Preparedness Brochure for Individuals with Disabilities & Older Adults: Created as a handy reference to help individuals with disabilities and older adults prepare for emergency situations.
- * Establishment of the Disability Community Network: A network consisting of approximately 50 disability service providers around the state, established to provide emergency preparedness information to agencies and organizations that serve individuals with access and functional needs.
- * State of Georgia Functional Needs Support Services (FNSS) Resource Guide: A resource guide intended to identify specific functional needs support services throughout the State of Georgia.
- * Communication Access Options for Individuals Who Are Deaf, Hard of Hearing Or Have Speech Difficulties: A guide that outlines the various communication options available during disaster/ emergency incidents.
- * American Red Cross Shelter Drills: The ARC includes individuals with disabilities in yearly drills to better identify challenges that may arise when sheltering people with disabilities.
- Be Prepared Radio Broadcast Be Prepared is a short public service announcement program featuring emergency preparedness tips/information for individuals with disabilities developed through GARRS and featuring Coalition Partners.
- * NOAA Weather Radio with Accessories for Individuals with Disabilities Brochure: A brochure that explains the use of the weather radio and the accessories available for alerting individuals who are blind, deaf or hard of hearing.
- Functional Resource Support Teams (FRST): Proposal developed to identify resource specialists that can be deployed to shelters to specifically assist individuals with access and functional needs.
- Ready Georgia Campaign (www.ready.ga.gov): This website includes planning tools for individuals with disabilities and access to American Sign Language Preparedness videos and Braille documents.

How NOAA Weather Radio Works

During an emergency, National Weather Service (NWS) forecasters will interrupt routine weather radio programming with a special tone that will activate weather radios in the listening area. NWS simultaneously broadcasts a digital Specific Area Message Encoder (SAME) code that contains the type of message and the county(s) affected.

Those with NWR SAME receiver can program their radio so that it will provide an alert only of weather and other emergencies for the county(s) they desire. NWR receivers without the SAME capability would alert for emergencies anywhere within the coverage area of the NWR transmitter, which typically involves several counties.

The hearing impaired can receive these warnings by connecting weather radios with alarm tones to other kinds of attention-getting devices, like strobe lights, pillow vibrators or bed-shakers.

When an alert is broadcast on the NOAA Weather Radio, it will send a signal that activates one of the following accessories:

- Pillow vibrator to wake individuals from sleep.
- Strobe light to alert individuals during waking hours.
- Bed shaker, which shakes a bed, awakening individuals.



Photo of weather strobe courtesy of Silent Call Communications. This photo is provided for convenience and information only and does not constitute an endorsement.



Photo of the Sidekick II Receiver courtesy of Silent Call Communications. This photo is provided for convenience and information only and does not constitute an endorsement.

Prepare for Emergencies

• Learn about Georgia hazards at www.ready.ga.gov.

Make a Ready kit. Include a three-day supply of non-perishable food and water (one gallon per person per day), a flashlight with extra batteries and a first aid kit. A complete checklist can be found at www.ready.ga.gov.

- Keep extra hearing aids and batteries and list of the style and serial number of medical devices.
 Include special instructions for operating your equipment if needed.
- Install both audible and visual smoke alarms.
- Keep copies of medical insurance and Medicare cards in your Ready kit.
- Keep contact information for doctors, relatives or friends who should be notified if you are hurt.

How Does NOAA Weather Radio Meet the Alerting Needs of the Deaf and Hard-of-hearing?

- It provides visual and vibrating alarms and simple text readouts.
- Three warning lights indicate the level of alert (Statement, Watch or Warning).
- Liquid crystal display readout indicates specific warning, such as "Tornado Warning" or "Thunderstorm Warning."
- Programmable state/county selections screen out warnings for other areas.
- For deaf-blind persons and hearing-impaired persons with low-vision, special-needs

NOAA Weather Radio receivers may be equipped with special adaptions that convert the weather messages into large print and/or Braille version without depending on volunteer reading services.

 The battery-operated NOAA Weather Radio can be portable at home, work, school or play, or while traveling, boating or camping.

Special Needs NOAA Weather Radio and accessories range in price from \$70 to more than \$150, depending on the number of features. For more information on the Special-needs NOAA Weather Radio:

WeatherRadios.com HomeSafe Inc. Silent Call Communications Harris Communications, Inc. Compu TTY WeatherShack Education Center

^{*}This information is provided for convenience and information only and does not constitute an endorsement.



Photo of weather pillow vibrator courtesy of Silent Call Communications. This photo is provided for convenience and information only and does not constitute an endorsement

Emergency Preparedness for Individuals with Disabilitiesand Older Adults

Get-Ready Tool Kit: Train-the-Trainer Workshop

January 10, 2013

Flower Branch, GA

Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults

Disasters in Georgia

A variety of disasters in recent history:

- *1996 and 1997: A domestic terrorist bombs Centennial Olympic Park, an Atlanta area health clinic, and a gay nightclub
- ♦ 1999: Hurricane Floyd causes 70% of coastal residents to evacuate, the largest evacuation in US history to that date
- 2000: Violent tornadoes kill 21 in two counties

Disasters in Georgia

A variety of disaster in recent history:

- 2007: Devastating wildfires consume hundreds of thousands of acres
- 2009: Deadly floods lead to 23 counties receiving a Presidential Disaster Declaration
- 2011: Tornadoes, severe storms and straight-line winds result in 15 deaths, 114 hospitalizations and cause extensive damage in 25 counties

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Training Goal

The purpose of this training is to provide service organizations and advocates with tools, guidance, and techniques for helping the people they serve prepare for an emergency.



Why should we plan?

Have a plan

+

Personal Support Network

You're read for an emergency

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Get Ready Tool Kit

- Designed to help people who need assistance develop emergency plans that suite their need
- Get Ready Tool Kit Instructions
- Part 1: Household Emergency Plan
- Part 2: Emergency Plan Checklist

Emphasize

- A personal support network can help individuals prepare for a disaster by identifying resources you need.
- A personal support network can assist individuals during and after a disaster happens.
- You may need more than one personal support network or support person in an emergency
- Periodically reviewing and updating the Household Emergency Plan and Emergency Plan Checklist

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Trainer Tips

- Some individuals may need help in developing these plans.
- When working with groups, you may wish to use an assistant or two so that there are enough trainers to talk with individuals to ensure that their plans are as complete and carefully thought out as possible.



Trainer Techniques

The following slides will outline some of the basic techniques involved in leading your audience through this preparedness training.

- 1. Know your audience.
- 2. Engage your audience.
- 3. Drill the essentials.

Know Your Audience

Be familiar with the types of problems that your particular audience may have during an emergency, and be prepared to discuss them in language they can understand.

Engage Your Audience

Provide an opportunity to

- Discuss or demonstrate their knowledge
- Listen to information
- Look at pictures
- Talk about the information
- Demonstrate the information

Know Your Audience

What might you say to or do:

- To teach individuals to communicate their needs to a first responder (rescue worker)?
- To a person who needs assistance with mobility, vision, thinking or hearing when helping them develop their household plan?
- Prepare a very independent person to realize that he/she may need a personal support network?



Engage Your Audience

How do you know your audience is learning the information you are sharing?

People learn best when they are fully engaged in the material

- Ask lots of questions
- Relate the information to real-life event; share a personal story
- Have them demonstrate the steps you've discussed

Engage Your Audience

For example,

To teach your audience about evacuating a smoke-filled building, you might:

- Tell them about evacuation safety measures such as crawling on the floor below the smoke or covering themselves with wet towels.
- Show pictures of people following these steps
- Ask the audience about their experiences with fires and the methods they used to cope on those occasions
- Have the audience demonstrate the safety procedures.

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Drill the Essentials

Make the lesson stick -

Crucial information bears repeating. Present the material in multiple ways that appropriate for your audience

And Finally...

Have fun!

Your audience is more likely to remember the material if they've enjoyed the presentation and if *you* have a good time, the chances are they will, too!

For more information contact:

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